

FORM C
Higher Education Internship (MED 6704)
Weber State University

Intern Agreement Form

I understand that I am participating in an internship sponsored by the Masters of Education — Higher Education Leadership program and the _____ (hereafter referred to as the *internship site*). I recognize that throughout the internship experience I am subject to the rules, regulations and policies of Weber State University as well as those appropriate to the *internship site*.

I understand that during the internship I will be representing Weber State University, the Masters of Education — Higher Education Leadership program, and the *internship site*. I will do nothing that would adversely affect the image of these units. I agree that if any of my behavior is deemed improper, detrimental to the *internship site* or to Weber State University, I will be asked to withdraw from the internship and will not receive credit.

I understand that failure to abide by the policies and procedures of the internship program will result in termination of the internship.

I further agree that I will abide by all policies and regulations of the *internship site*.

I HAVE READ THIS AGREEMENT. THE NATURE, SCOPE, AND POLICIES OF THE INTERNSHIP PROGRAM HAVE BEEN EXPLAINED TO ME, AND I AGREE TO ABIDE BY THEM.

Intern: Signature: _____ Date: _____

Internship Supervisor: Signature: _____
Date: _____