



**THE CATHOLIC UNIVERSITY OF AMERICA**  
Benjamin T. Rome School of Music, Drama, and Art

**INTERNSHIP AGREEMENT FORM**

This form must be submitted to your advisor or area head, along with a one-page statement of purpose, prior to the end of the add/drop period of the semester in which the internship is to be completed.

**To Be Completed by the Student:**

*Personal Information*

Name of Intern: \_\_\_\_\_ Date: \_\_\_\_\_

I.D. Number: \_\_\_\_\_ CUA Email Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Status (i.e., Sophomore, Junior, Senior, Grad. Year): \_\_\_\_\_

Degree and Major: \_\_\_\_\_ Cumulative GPA: \_\_\_\_\_

Semester of Proposed Internship: \_\_\_\_\_

*Information about the Proposed Internship*

Organization Name: \_\_\_\_\_ Internship Title/Division: \_\_\_\_\_

Supervisor Name: \_\_\_\_\_ Supervisor Email Address: \_\_\_\_\_

Supervisor Phone Number: \_\_\_\_\_

Statement of Purpose. *In One or two paragraphs, inserted or attached, please articulate the intellectual and professional Rationale for the internship:*

Three Goals or competencies you would like to achieve/attain with this internship:

- 1.
- 2.
- 3.

I agree to:

- complete the interim and final internship evaluations and submit them to my faculty adviser

- attend all required meetings with my faculty adviser
- comply with the rules and policies of the employer and of the University
- notify my faculty adviser or another University official of any problems that arise during the internship
- Submit my final reflection paper and any additional requirements from my advisor (journal entries, writing, etc.), as well as my final evaluations from my exterior supervisor.

I understand that:

- failure to comply with University rules and policies can lead to removal from the internship program, failure to receive a passing grade, or disciplinary action at the University's discretion
- I am responsible for any and all of my own willful misconduct or criminal actions
- the University has no control over what happens outside campus, and the University cannot guarantee my safety in an internship environment

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**To Be Completed by the Employer:**

Start and end date of the internship: \_\_\_\_\_

Internship description:

Skills to be learned and tasks required (be specific):

Special projects to complete:

Description of how supervision will be administered:

Employer agrees that:

- the intern will be assigned a direct supervisor by employer and that supervisor will fill out the interim and final internship evaluations
- the intern will work on site for a minimum of 140 hours of work in total, and the greater part of the intern's work will be related to the specific skills the intern is interested in acquiring
- employer adheres to all applicable laws and regulations, including the Fair Labor Standards Act
- the student will be allotted time off to meet with the faculty adviser overseeing their academic credit
- the employer will provide a safe and secure work environment for the student and inform the student and faculty advisor of any possible problems or unsafe conditions
- the student will be provided with requisite trainings, a suitable work space, meaningful work experience, and regular supervision by the employer
- the employer accepts the primary responsibility for supervision and control of the student at the internship site
- if applicable, the employer will pay the student the agreed upon rate of compensation for the term of the internship and provide any other employment benefits required by law.

Supervisor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**To Be Completed by the Faculty Adviser (overseeing the class):**

Name: \_\_\_\_\_ CUA Email Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Plan of any special assignments and/or meeting during the internship (if desired, a syllabus may be attached instead):

Faculty Adviser Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Academic Dean Signature: \_\_\_\_\_ Date: \_\_\_\_\_