

St. Cloud State University
International Internship and Activity Agreement

(Not part of an existing university agreement or an existing education abroad program)

Internship/Activity site location: _____
Name of Host/Internship Site/Institution City/Country

Additional items needed with this Agreement Form:

- Copy of passport
- Application and payment for the International Student Identification Card (ISIC) for \$68.00 (cash, check or money order only)
- Submit a flight itinerary

PLEASE WRITE IN BLOCK LETTERS OR TYPE:

Student Name (As appears on Passport): _____/_____/_____
Last First Middle

Student Permanent Address: _____
Street City State ZIP

Student Phone Number: _____ Student Cell Number: _____

Student SCSU ID #: _____ Student Passport #: _____ **Attach photocopy of Passport.**

Student SCSU Email: _____ Date of Birth _____ mm/dd/yyyy Male Female

Class Level: FR SO JR SR GR Major/Program: _____

Citizenship: U.S. citizen U.S. permanent resident International student : visa type _____
(Green Card Holder)

Date of Departure: _____ Date of Return to US: _____

Please check the appropriate activity:

- Internship
- Event; please specify event _____
- Fieldwork (non-credit bearing* or credit bearing)
- Seminar/conference
- Volunteer work (non-credit bearing* or credit bearing)
- Other; please specify activity _____

Location of Internship or Activity: (used for emergency purposes and State Department Registration):

Full Street Address

City

State/Province

Country

Foreign country contact person

Foreign country contact phone number

Emergency Contact in U.S. (person who SCSU can reach in case of an emergency abroad):

Name (first and last)

Relationship to student

Email address

Phone number (list home, work, and cell if possible)

International Internship and Activity Agreement Release and Signature Page

Student by signing below hereby also authorizes the internship site/activity sponsor to release to SCSU, verbally, in writing or electronically, any and all information requested by SCSU pertaining to my participation, performance or status as a participant in the program including but not limited to internship employer-employee evaluations, performance reviews, memorandums, counseling, disciplinary action, separation or termination information and completion of the supervisor's final evaluation form. Student hereby releases and agrees to hold the internship employer, partner institution, and SCSU harmless from any and all claims arising out of, in connection with, or as a result of release of such information to SCSU.

- **I acknowledge my responsibility to comply with the St. Cloud State Student Code of Conduct.**
- **I certify that I meet eligibility requirements as determined by the faculty whose signatures appears below and by the site director.**
- **I understand that St. Cloud State University, its faculty and staff are not responsible for any injury, loss, damage, delay, irregularity, or expense arising from the use of any common carrier vehicle, accommodations, or services as the result of accidents, strikes, war, weather, sickness, quarantine, governmental restrictions, and other matters beyond the University's power to control, and in the consideration of the commitments herein contained, I hereby release the University, its faculty and staff from any claim or liability arising as a result of my voluntary participation in this program.**
- **I certify that all statements on this form are true and accurate to the best of my knowledge. And, if any event changes any of the above information, I will update the Education Abroad Office in writing. I will adhere to my responsibilities as written above.**

Student Print Name: _____ **SCSU Tech ID:** _____

Student Signature: _____
Date

The signatures below approve the above student for the overseas internship or activity listed in the Agreement Form.

Faculty Supervisor Signature:

Signature	Print Name	Email	Date
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Department Chair Signature:

Signature	Print Name	Email	Date
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PLEASE RETURN THIS FORM WITH SIGNATURES TO: DIRECTOR OF EDUCATION ABROAD, CIS, LAWRENCE HALL, G08
Center for International Studies Review: _____
Initials

Copy sent to the Dean of College: _____
Date CIS initials