**International Internship Agreement**

**Agreement between these parties:**

|  |  |  |
| --- | --- | --- |
| **St. Cloud State University****720 4th Avenue South****St. Cloud, MN 56301** | **and** | **Name of Student**  |
| **Name of Host/Employer/Institution**  |

**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 SCSU Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Student SCSU ID #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Student Passport #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Attach photocopy of Passport.

Date of Departure: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Return to US: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please specify location of activity include address, city, province/state/area, and country and foreign country phone number contact: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Street Address City State/Province Country

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Foreign country phone number contact

This agreement, made this \_\_\_\_ day of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, 20\_\_\_\_, integrates a planned series of work experiences in institutions with academic study at St. Cloud State University. Satisfactory program completion entitles the student to receive academic credit. The University, student and institution agree that a joint effort will be made to enhance the educational development of the student and further agree as follows:

**Student Responsibilities :**

***Before starting the internship:***

* A U.S. resident must have completed at least one full academic year of studies (undergraduate students 30 credits; graduate students 20 credits) in order to be admitted to and remain in the internship program. Transfer students must have completed at least one semester in residence at SCSU.
* An international student will have been enrolled at St. Cloud State University for two semesters prior to the start of the internship OR provide written documentation that the internship is required by the degree program.

***To Participate in the internship, the student will:***

1. Read the SCSU Student Code of Conduct.
2. Pay the required internship course tuition fee for each semester.
3. Obtain the International Student Identification Card (ISIC) from the Study Abroad Office, Lawrence Hall G08.
4. Check whether personal health insurance policy covers overseas, if not, obtain health insurance with overseas coverage.
5. Check her or his SCSU email account for communications.
6. Complete all written work requirements at the end of the work assignment:
* Complete the Undergraduate Student’s Final Evaluation and submit it to the supervising faculty and Center International Studies (CIS) by the due date.
* Have supervisor complete and review the Supervisor’s Final Evaluation. Both the student and supervisor must sign this form and submit it to the CIS and Career Services by the due date.
* Submit a technical report (please see attached documentation for outline) and an updated resume, including the just completed internship experience, (please see the Career Services Center in CH 215 for questions) by the due date.
1. If an **international student**, the student must comply with all federal, state, and university regulations regarding employment of international students. The student will consult with the CIS Office on the SCSU campus to ensure compliance with all regulations.

**Institution Responsibilities**

***Institution will cooperate to:***

1. Enhance the student’s academic training and professional development.
2. Set a work experience for each student involving assignments in several different areas.
3. Complete written evaluations of the student’s performance at the mid-point and end of each work period.
4. If applicable, provide the student with remuneration equivalent to other regular employees doing comparable job assignments.
5. As the student progresses through a series of assignments with the company, increase the complexity of the tasks and level of responsibility in relation to the student’s capabilities and degree of technical expertise, if possible.
6. Read the student’s technical report to review for proprietary information and agree to release the report if the company verifies the report contains no proprietary information.
7. Provide SCSU such other information and input of a non-proprietary nature as is requested by SCSU (and release of which is authorized by the students signature below) for student and/or program evaluation.

**SCSU Responsibilities**

***SCSU will:***

1. Provide a complete pre-departure orientation.
2. Establish and coordinate communication between the student and the company regarding academic progress upon request.
3. Cooperate in the completion by the student and employer of the work plan through the internship period.
4. Maintain confidentiality and use only for program purposes information provided by the employer or student.
5. Provide an outline of items to include in a technical report.

**Student by signing below hereby also authorizes** the employer to release to SCSU, verbally, in writing or

electronically, any and all information requested by SCSU pertaining to my participation, performance or status as an employee of the employer or participant in the program including but not limited to 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 employer and SCSU harmless from any and all claims arising out of, in connection with, or as a result of employer’s release of such information to SCSU.

**Student Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­­­\_\_\_**

 Date

**Faculty Supervisor Signature:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature Print Name Email Date

 **Department Chair Signature:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature Print Name Email Date

**College Dean Signature:**

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**PLEASE RETURN THIS FORM WITH SIGNATURES TO: DIRECTOR OF STUDY ABROAD, CIS, LAWRENCE HALL, G08**

Center for International Studies Review: \_\_\_\_\_\_\_\_

 Initials