Slippery Rock University

Department of *Department Name*

PAID INTERNSHIP FORM

INSTRUCTIONS: To be completed by the organizational person administratively responsible for the internship experience, and returned to Slippery Rock University.

This is to certify that *Student’s full name* has been accepted as an intern with:

Company Name: *Company/organization’s name*

Company Address: *Mailing address including city, state, zip*

*City*

*State*

*Zip*

Intern Supervisor: *Full name* Title: *Title*

Supervisor Email *Email address* Work Phone: *XXX-XXX-XXXX*

Slippery Rock University (SRU) students earn one (1) credit hour for every 40 hours of site contact. It is understood the above named student is expected to work *Total number of hours* hours equaling *Number of credits* academic credits. The student is responsible for providing all required documentation for the internship to obtain academic credit including a verification of hours completed, job duties, responsibilities, and performance evaluations received.

How many hours constitutes “full-time” with your company? *Number of hours*

Provide a brief description of intern’s duties: *Duties*

Will the intern be compensated/receive a salary? *Yes or No*

Will the intern have paid holidays? (Memorial Day, Fourth of July, Labor Day) *Paid holidays*

List ALL the states the intern may be asked to travel. *States*

Internship Begins on *Month, day, year*

Internship Ends on *Month, day, year*

Is this field experience required for graduation? *Yes or No*

PRIOR to starting the internship, what insurance, if any, does the company/organization inform the intern they need to purchase? *Insurance required*

PRIOR to starting the internship, what background checks and/or drug tests, if any, does the company/organization inform the intern to undergo? *Background/drug tests required*

Slippery Rock University, of Pennsylvania, of the State System of Higher Education, Commonwealth of Pennsylvania, enters into no relationship with the organization; assumes no liability to the organization for the student intern; and waives no right, claim or defenses which arise as a matter of law by acceptance of this verification form or other information from the organization.

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Signature

*Title*

*Date*

Return to: *Faculty name*

Department of *Department*

Slippery Rock University

*Enter street address*

Slippery Rock, PA 16057

Phone (724) 738- *XXXX*

*Faculty’s email address*

Revised September 17, 2019