



Employer

Company Name: _____

Site Supervisor: _____ Title: _____

Email: _____ Phone: _____

Address: _____

Company Web Site: _____

About Our Organization: _____

Job title: _____

Job Summary: _____

Job Location: _____

(please explain if this is a remote or in situ opportunity)

Time Commitment per Week: _____

Time Commitment per Semester *(anticipated)*: _____

Tentative Start Date: _____

Salary Range: _____

(Here please explain if this is a paid/unpaid internship? Or if you are considering a stipend at end of successful completion?)

I, _____ (name of supervisor) confirm that
_____ (name of student employed) is going to engage in _____
_____ hours of work for _____ (name of

business/organization). I understand that the student's schedule may vary to meet employer needs or the student's class schedule and student's academic internship requirements. The student and I, will meet weekly for discussions regarding progress. I will be responsible for the evaluations of the student and the overall supervision and final evaluation of the intern. The Employer confirms its commitment to not discriminate based on race, color, religion, disability, sex, age, national origin, marital status, genetic predisposition, sexual orientation, gender identity/gender expression, or veteran status. The Employer agrees to provide FGCU any documents or agreements which the intern will be asked to sign, prior to providing such to the intern for signature.



Student

Student Name: _____

Student Major: _____

Student Date of graduation: _____

Student Position: _____

Student Intern (Please type or print in ink.) I, _____
(Student) agree to an internship agreement with _____ (Employer)
located in _____ (City), beginning on _____ (Day and Date) and ending
on _____ (Day and Date). I am able to work the specified hours at the designated
employer location. The internship is a new learning experience (not the student's current
employment) and may not be applied toward service learning hours. I understand that in the case
that I am engaging in an academic internship, I must comply with the requirements as assigned by
the FGCU Faculty Internship Supervisor and make tuition arrangements for final internship course
registration. The student has read the LCOB Internship Guide and have completed the previous
steps before registration and approval of internship at Eagle Career Network (ECN).

Safety Participation (Check box to acknowledge acceptance):

- I acknowledge there are additional risks in participating in face-to-face experiential learning because of the presence of communicable respiratory illnesses in the community and have chosen to voluntarily engage in face-to-face experiential learning. In participating in the in-person experiential opportunity, I agree to comply with the facility's directions regarding personal protective equipment and social distancing and assume the risks of engaging in this face-to-face experimental learning activity.

<p>Supervisor Signature: _____</p> <p style="padding-left: 40px;">Date: _____</p> <p>Student Signature: _____</p> <p style="padding-left: 40px;">Date: _____</p>
--

Please attach this form during your Internship Registration on ECN