



**The Ohio State University at Newark and Central Ohio Technical College
General Internship Agreement (Non Credit-Bearing)**

Office of Career Development & Experiential Learning Services
Warner 226, 1179 University Drive, Newark, OH 43055
Phone: 740.366.9453, Fax 740.364.9646
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Every student participating in a non credit-bearing internship must provide documentation prior to the start of the experience. The Internship Agreement should be reviewed and signed by all involved parties:

1. Participating Student
2. Internship/Experience Site Supervisor
3. Office of Career Development

The student should return this completed form with an **Internship Position Description** to the Office of Career Development located in Warner 226. All parties should retain a signed copy.

1 Student Information—completed by the Participating Student

Name _____ Student I.D. _____
Last First M.I. Do not list your Soc. Sec. #

Address _____
Street Address Apartment/Unit #

City State Zip Code

Univ./College E-mail Address _____ Phone _____

Major/Program _____ Graduation Date _____ Class Year 1st 2nd 3rd 4th
COTC OSU

Term of Internship Summer Autumn Spring Total Hours in Internship (estimated) _____

Student Emergency Contact Information

Emergency Contact Name _____ Relationship _____ Phone _____

Contact Address _____
Street Address City State Zip Code

2 Internship/Experience Site—completed by the Site Supervisor

Company/Organization Name _____

Address _____
Street City State Zip Code County

Intern Supervisor _____ Title _____

E-mail _____ Phone _____ Fax _____

Internship Position Description—Developed by Student & Site Supervisor

The purpose of the **Internship Position Description** is to define what the intern will be doing throughout the internship experience. The major components of the internship should be clearly defined, and all involved parties should have mutual understanding. Existing internship positions descriptions can simply be attached to this agreement.

Information to Include:

Internship position title _____

Primary duties and responsibilities of intern _____

Established learning outcomes related to the student's program of study—*as a result of the internship experience, the participating student will be able to* _____

Hours per week/days per week service is to take place _____

Total number of hours student is expected to serve in the internship _____

Internship start date/end date _____

Wages employer is to pay intern per hour—if applicable _____

The manner and frequency in which the student will receive feedback/evaluation _____

Standard student & employer evaluations are available

3 Office of Career Development—Internal Use

Name _____ Title _____

The form is received by the Office of Career Development & Experiential Learning Services, is acceptably completed, proper signatures have been attained, and an Internship Description is attached.

Career Development Representative Signature _____ Date _____