

# INTERNSHIP REQUEST FORM



## I. STUDENT INFORMATION

Student Name: \_\_\_\_\_ Student ID: \_\_\_\_\_

## II. SEMESTER INFORMATION

Year: \_\_\_\_\_

Semester: ☐ Summer ☐ May  
☐ Fall ☐ Winter  
☐ Spring

Session: ☐ I ☐ III  
☐ II ☐ Extended

## III. COURSE INFORMATION

Course Prefix (CRJ)	Course Number (4494)	Section Number (01)	Instructor Name

Subject of Internship: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## IV. REQUIRED SIGNATURE

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## V. APPROVAL SIGNATURE

Instructor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Dept. Chair/Pgrm Dir. Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Dean Signature: \_\_\_\_\_ Date: \_\_\_\_\_

***This form must be presented at the time of registration and enrollment is processed when the internship packet is submitted to the Office of Student Records.***

For Office of Student Records Use Only

Processed by: \_\_\_\_\_ Date: \_\_\_\_\_



# Texas Wesleyan UNIVERSITY

## Texas Wesleyan University Internship Application and Acknowledgment Form

Student Name \_\_\_\_\_ Student Email \_\_\_\_\_

Home Phone \_\_\_\_\_ Major \_\_\_\_\_

Where would you like to be placed? \_\_\_\_\_

Which semester do you plan to participate? \_\_\_\_\_

### Acknowledgment of Responsibilities

1. I acknowledge and understand my responsibilities as a student participating in the Internship program as outlined in the *Student Bulletin for Internships*.
2. I understand that it is my responsibility to meet the requirements as established by my academic department coordinator.
3. I will be responsible for completing all of my work assignments and obligations by their respective deadlines.
4. I understand that, upon completion of my experience, I will complete a *Post Work Evaluation* and return it promptly to Career Services.
5. I will adhere to all program regulations and requirements as a student enrolled at Texas Wesleyan University.
6. I will report to work on time and, in the event of illness or emergency, will notify my intern site supervisor(s) promptly.
7. I will report to my academic department coordinator **at once**, any situation which would be detrimental.
8. If, for any reason during this assignment, I am removed from my position, *I will **not** apply for unemployment benefits*. I understand that this program is an academic program, not an employment program.
9. My signature below indicates my understanding of and adherence to the above requirements.
10. No life credit for internship will be granted at Texas Wesleyan University.

*In consideration for being allowed to participate in the internship program, I do hereby release and discharge all employees of Texas Wesleyan University from any and all liabilities, causes of action, costs, charges, claims, expenses, and demands, as well as from damages incurred by me as a result of my participation in the Internship Program.*

*By signing below, I hereby expressly assume any and all risks which may be incumbent with my internship.*

*Additionally, I hereby expressly agree forever to refrain from suit or proceeding at law against Texas Wesleyan University and Internship site for any personal injury or property damage incurred because of my participation in the Internship Program,*

*I have read, understood, and agreed to the terms herein.*

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date



# Texas Wesleyan UNIVERSITY

## LEARNING GUIDE/PROJECT OUTLINE

This internship agreement is only valid for \_\_\_\_\_, year \_\_\_\_\_  
 Internship course number \_\_\_\_\_ Credits to be earned \_\_\_\_\_

### Student

Name: \_\_\_\_\_ Major: \_\_\_\_\_

Course title: \_\_\_\_\_ Faculty supervisor: \_\_\_\_\_

Email address: \_\_\_\_\_ Major: \_\_\_\_\_

Describe your learning goals during this internship: \_\_\_\_\_

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

### Internship Site

Internship site: \_\_\_\_\_

Internship address: \_\_\_\_\_

Street city state zip  
 Internship site supervisor: \_\_\_\_\_ Supervisor's title \_\_\_\_\_

Phone #: \_\_\_\_\_ Supervisor's email address: \_\_\_\_\_

Start date: \_\_\_\_\_ Completion date: \_\_\_\_\_ Hours per week: \_\_\_\_\_

Internship location/department: \_\_\_\_\_ Student wages: \_\_\_\_\_  
 (Per hour/week/semester)

1. Duties and responsibilities of this work assignment (or attach job description): \_\_\_\_\_

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

### Wesleyan Faculty Internship Coordinator

Faculty supervisor: \_\_\_\_\_ Department: \_\_\_\_\_

Phone #: \_\_\_\_\_ Email address: \_\_\_\_\_

Indicate the following academic requirements that must be completed:

\_\_\_ Completion of workbook \_\_\_ Term paper \_\_\_ Oral presentation \_\_\_ Maintain journal  
 \_\_\_ Other (please describe) \_\_\_\_\_  
 \_\_\_\_\_

2. General objectives of this assignment (or attach description of internship objectives): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. Specific requirements of this student: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signatures

Student Intern: I accept the responsibilities as stated on this agreement. I agree to complete all work assignments promptly and to the best of my ability. I agree to familiarize myself with and adhere to the relevant organizational policies, procedures, functions, and standards of ethical conduct.

Student Signature

Date

Wesleyan Faculty/Internship Coordinator: I have discussed the internship and this Learning Agreement with the student. I agree to make myself available to talk with the student and/or supervisor about the internship experience, and to conduct an on-site visit and/or conference call with the student and supervisor.

Dept. Coordinator/Chair

Date

Internship Site Supervisor: I have discussed the internship and this Learning Agreement with the student. I agree to provide the student with an orientation concerning the organizational policies, procedures, functions, and standards of ethical conduct as well as meet regularly with the student. I agree to conduct an evaluation of the student and to participate in a site visit and/or conference call with the student and Wesleyan’s Faculty/Internship Coordinator.

Internship Site Supervisor

Date

## TEXAS WESLEYAN UNIVERSITY ACKNOWLEDGEMENT OF RISK AND WAIVER OF LIABILITY FOR OFF-CAMPUS INTERNSHIPS AND CLINICAL PLACEMENTS

I, \_\_\_\_\_ having been advised of my options to complete my degree plan, affirm that I desire to participate in an internship in association with my coursework and degree plan requirements at Texas Wesleyan University (“the University”). In consideration for being allowed to participate in this internship by the University, I hereby agree to the following terms and conditions:

1. I acknowledge and understand that in this pandemic of the coronavirus, the internship may entail exposure to health risks of personal illness or injury impacting my well-being, and may result, in the worst case, serious illness, possible hospitalization, and possible death.
2. I promise to notify my faculty advisor at Texas Wesleyan University if I observe conditions or practices that may be unsafe and place me at greater risk, as soon as I have concerns, so that my faculty and I can assess whether I should continue in this placement.
3. **I shall indemnify and hold harmless the University and its trustees, administrators, faculty, employees, students, volunteers, agents, all their respective predecessors, successors, heirs and assigns from any and all damages, liability, claims, causes of action, or demands of any kind and nature whatsoever which may arise in conjunction with or related to my participation in the internship.**
4. **I hereby release, relinquish and forever discharge the University from any and all damages, liability, claims, causes of action, or demands of any kind and nature whatsoever which may arise in conjunction with or relate to my participation in the internship, including, but not limited to, any negligence or wrongful death allegations, as well as any claims arising from my participation in the internship or any claim for my damages or loss.**
5. The terms of this Acknowledgement and Waiver are solely for the benefit of the parties executing it, and no third party shall have any rights or benefits resulting from this Acknowledgement and Waiver.
6. This Acknowledgement and Waiver and all of the covenants contained herein shall be binding upon and insure to the benefit of each of the parties to this Acknowledgement and Waiver and each of their respective predecessors, successors, heirs, executors, legal representatives, and assigns.
7. I recognize that the University has not and cannot make available to me, my family, or my heirs and assigns any promises or guarantees in regard to any health and safety risks which I may incur as a result of my participation in the internship.
8. This waiver shall be governed by Texas law and litigation or mediation related to the enforceability of this Acknowledgement and Waiver shall be brought in Tarrant County, Texas.

\_\_\_\_\_  
Participant Signature

\_\_\_\_\_  
Date