

International Burch University
Department of Management
Student - Company Agreement Form

Date

I,

Name & Title of Employment Supervisor

Name of Organization

Address (include city, state & zip)

Phone (include area code)

Email address of supervisor

Accept _____ as an intern
Student name

to work _____ hours per week for _____ weeks.

Intern duties will include [please use another sheet of paper if necessary]:

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Student agrees to:

1. *Abide by company work requirements.*
2. *Submit the **Student Progress Report** to the Department Head, by 5 p.m. on the **Last Day to Drop Classes** of the appropriate date. Neglecting to do so will result in the student receiving a failing grade.*
3. *Submit the **Student's Final Report Form with a 3 page (minimum) written evaluation and a presentation to the Department Head** by 5 p.m. on the last day of classes for announced date. Late submissions will result in a failing grade.*

Student's Signature:

Company agrees to:

1. *Submit the **Company's Final Evaluation** to the Department of Management at the end of internship. (Note: It is the responsibility of the student to provide the employer with the evaluation form).*

Employment Supervisor's Signature: