

INTERNSHIP LETTER OF AGREEMENT

INTERNSHIP WORKSTATION

This Company or agency (also called the work station) agrees to engage the student as an intern under the same conditions and rules that govern other employees without regard to race, creed, color, or sex. We also agree to provide work site supervision and a varied work experience as outlined in the position description provided to the Craig School of Business Internship Office. We agree to provide certification when the student has complete the 150 hours of work required for the awarding the academic credit. We agree not to hold California State University, Fresno (also called the University) or the Sid Craig School of Business or any of its employees responsible for any injury, damage or loss the intern may cause to the internship work station, its employees or property. We also understand that the University provides no Worker's Compensation or personal liability coverage for the student.

Company (Work Station) Name (Please Print)

Phone Number

Address & Zip (Please Print)

Fax Number

Name and Title of Company/Agency Representative (Please Print)

E-Mail Address (If available)

Signature of Company/Agency Representative

Date

STUDENT

I agree to abide by the requirements that govern the Craig School of Business Internship Program and have received a copy of these requirements. I agree to enroll in the appropriate 195 internship course, perform 150 hours of work as assigned by the work station and turn in all forms, required papers, and reports to the Internship Coordinator at the required times. I understand that failure on my part to complete any requirement in a timely manner will result in the assignment of a no-credit grade. In accepting this internship I acknowledge the full release of any liability on the part of the company/agency, California State University, Fresno, and the Craig School of Business for any injury sustained while engaged in any activity associated with this internship. I understand that the University provides no insurance coverage for me, including Worker's Compensation or personal liability.

Name (Please Print)

Student ID Number

E-Mail Address

Address & Zip (Please Print)

Phone Number

Signature of Student

Date

UNIVERSITY/SCHOOL

The Craig School of Business will provide guidance and supervision for any requirements associated with the student's obtaining academic credit for this internship. We will assist the participating workstation and student with all related matters and help appraise the student's performance.

Sid Craig School of Business
Internship & Career Planning Office
5245 N. Maple Avenue M/S 8
Fresno, CA 93740-8001
559-278-4985

Signature of Craig School of Business
Internship Coordinator

Date