DEPARTMENT OF MANAGEMENT/MIS
Internship Program Memorandum of Understanding

PART 1 – STUDENT AGREEMENT

I, _____________________________________________________ agree to:

(print name)

• Comply with the organization’s policies
• Complete requirements as outlined by my Faculty Internship Advisor
• Remain enrolled at UWF for the duration of the Internship
• Notify Academic Advisor if the Internship ends early, or if significant changes in the responsibilities or learning objectives occur.

____________________________________   ______________________
Student Signature                  E-Mail

____________________________________   ______________________
Daytime Phone Number              UWF- ID

(Departmental Use Only)

____________________________________   ______________________
Course #                              Credit Hours

____________________________________
GPA

____________________________________   ______________________
Academic Advisor                    Date

____________________________________   ______________________
Faculty Internship Advisor          Date
PART 2 – EMPLOYER AGREEMENT

Employer Agrees To:

- Provide student with management training needed to carry out responsibilities successfully.
- Evaluate and discuss the Intern’s performance at the end of the Internship.

________________________________________________________________

Company Name

________________________________________________________________

Address

________________________________________________________________

Supervisor’s Name __________________________ Phone Number ________________

________________________________________________________________

Internship Title and Department

Start Date: __________________________ End date: __________________________

Pay Rate: __________________________ Hours/Week: __________________________

Please attach a detailed job description. It must be written on company letterhead and signed by the Intern’s supervisor.