BIRMINGHAM-SOUTHERN COLLEGE INTERNSHIP AGREEMENT FORM

Successful internships require a three-way agreement between the intern, the employer, and the College. This form sets the terms of agreement between these parties. The form should be completed prior to the start of the internship.

Your signature indicates your pledge to fulfill the terms of this agreement. If you have questions or concerns about meeting these expectations, please contact Katy Smith, Assistant Director of Internships, at (205) 226-3037 or kesmith@bsc.edu.

INTERN
As an intern, I will

- Positively represent Birmingham-Southern through professional behavior, polished communication, and conscientious performance of all projects and assignments;

- Take advantage of networking events, training sessions, and other opportunities offered by my employer;

- Meet regularly with my supervisor for feedback and coaching;

- Fulfill all assignments and expectations set by my faculty sponsor, including critical reflection, if applicable; and

- Complete an evaluation of my overall internship experience.

I will also:

- Immediately notify my employer and BSC’s Assistant Director of Internships (kesmith@bsc.edu) if I am knowingly exposed to or test positive for COVID-19.

I have read and understand the above expectations. I will work with my employer, the Assistant Director of Internships, and my faculty sponsor to ensure a successful internship experience.

__________________________  ____________________________  ________________
Intern signature            Intern printed name            Date

__________________________  ____________________________  __________________
BSC email address     Course number and term     Name of faculty sponsor
EMPLOYER
As the intern’s supervisor, I will:

- Provide the intern with an orientation session, including an introduction to coworkers and general overview of my organization;

- Assign projects of rigor and depth that allow the intern to apply knowledge and learn new skills

- Provide the instruction and training necessary for the intern to successfully complete assigned tasks;

- Invite the intern to participate in meetings, training sessions, networking events, and other opportunities to learn more about the industry;

- Be available for answering questions, and meet at least weekly with the intern to gauge progress and offer feedback;

- Coordinate work with the school’s academic calendar (i.e., allow time off for school-wide breaks);

- Ensure the intern is treated respectfully and professionally by other employees; and

- Complete an evaluation of the intern at the end of the term.

I will also:

- Immediately notify both the intern and BSC Assistant Director of Internships (kesmith@bsc.edu) if any party in contact with the student at the internship site tests positive or is knowingly exposed to COVID-19.

I have read and understand the above expectations. I will work with the intern and the Assistant Director of Internships to ensure a successful internship experience.

______________________________  ______________________________  _________________
Supervisor signature                  Supervisor printed name                  Date

______________________________
Supervisor title

______________________________
Company/Organization Name

______________________________
Phone                             Email address

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BSC ASSISTANT DIRECTOR OF INTERNSHIPS
As the liaison between the student, the employer, and the College, I will:

- Work with the employer as needed to develop appropriate projects for the intern;
- Work with the intern as needed to develop professional skills;
- Work with the sponsoring faculty member as requested to provide the student with professional development and reflection opportunities;
- Conduct a check-in with the employer and student at midterm;
- Email evaluations to the student and employer at the end of the term, and share the results with the sponsoring faculty member; and
- Mediate any issues that may arise over the course of the internship.

I will also:

- Immediately notify both the student and employer of any COVID-19-related changes to BSC’s academic plan for the term.

_________________________  _______________________  _________________
BSC Staff Signature        Staff printed name        Date
Please initial to indicate your agreement with the following:

1) We will maintain open communication regarding problems or inability of the intern, supervisor, or College to meet the expectations above.

Intern _______  Supervisor_____  BSC Staff_______

2) It is understood by all parties that this internship is compensated at a rate of $_____________. *(If the internship is unpaid, simply write $0.)*

Intern _______  Supervisor_____  

3) It is agreed that there is no guarantee of employment following the completion of this internship.

Intern _______  Supervisor_____

4) We agree to the following general work schedule and will notify BSC’s Assistant Director of Internships of any substantial alterations.

Internship start date:  ________________  Internship end date:  ________________

Days of week and hours:  _______________________________________________________

Intern _____  Supervisor _____
You must complete this section if any part of the internship is taking place on-site.
If your internship will be conducted entirely remotely, simply write
"Internship will be remote without any in-person contact."

ADDENDUM REGARDING COVID-19

To ensure the health and safety of interns, other employees, and others that may come in contact with representatives of the internship site, we ask that internship supervisors and interns discuss how to reduce transmission of COVID-19. An effective plan would adhere to recommendations from the CDC and state and regional health authorities, as well as any policies in force at the internship agency. All parties (intern, internship site, and College) should agree to the plan prior to the start of the internship. Please describe these plans below, or attach a document detailing the organization's plan.

__________________________________________________________________________________________________________________
__________________________________________________________________________________________________________________
__________________________________________________________________________________________________________________
__________________________________________________________________________________________________________________
__________________________________________________________________________________________________________________
__________________________________________________________________________________________________________________

We have discussed the above plan and agree to adhere to the safety requirements set forth in this plan and in force at the agency, with the recognition that expectations may be revised should new information from relevant health authorities become available. Should any party have concerns about the efficacy of these guidelines or adherence to these guidelines during the course of the internship, said party should initiate a conversation to consider next steps, including termination of the internship.

____________________________  ________________________  ________________________
Intern signature                  Intern printed name                  Date

____________________________  ________________________  ________________________
Supervisor signature             Supervisor printed name               Date

____________________________  ________________________  ________________________
BSC staff signature              Printed name                           Date