

# STEP-BY-STEP GUIDE to ELECTRONIC INTERNSHIP CONTRACT

This tutorial is just a guide. To complete the actual form, you can find it here:

[Electronic Internship Contract](#)

\*To be completed by student or by student with Supervising HU Professor assistance.

Fill out all of your information in “Section A: Student Information” completely.

## Section A: Student Information

To be completed by the student.

<p>Student name: *</p> <table style="width: 100%;"><tr><td style="width: 50%;"><input type="text"/></td><td style="width: 50%;"><input type="text"/></td></tr><tr><td style="font-size: small;">First Name</td><td style="font-size: small;">Last Name</td></tr></table>	<input type="text"/>	<input type="text"/>	First Name	Last Name	<p>Student ID: *</p> <input type="text"/>
<input type="text"/>	<input type="text"/>				
First Name	Last Name				
<p>Email: *</p> <input type="text"/>	<p>Phone: *</p> <input type="text"/>				

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Classification during study: \*

FR    SO    JR    SR    PG

Major 1 \*

Major 2 (if applicable)

When you click any of the “Major,” “Minor,” or “Concentration” boxes, a dropdown box will appear with all available options. **Please be sure to fill in every major, minor and/or concentration you are currently pursuing, whether it is relevant to this particular experience or not.**

## Section A: Student Information

To be completed by the student.

**Student name: \***

First Name Last Name

**Student ID: \***

**Email: \***

**Phone: \***

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**Classification during study: \***

FR    SO    JR    SR    PG

**Major 1 \***

▾

Accounting

Agribusiness Animal Production

Agribusiness Communication & Public Policy

Agribusiness Crop Production

Agribusiness Economics & Finance

Agribusiness Entrepreneurial Management

Agribusiness Management

Agribusiness Marketing

Agribusiness Ministry & Missions

Agriculture Education

American Studies

Animation

Bible & Religion - Biblical Studies

Bible & Religion - Theological & Religious Studies

Biology - BA

Biology - BS

Biology - Pre Med

Biology - Pre-Vet

Biology Education

▾

If you have taken the Strengths Finder Assessment, make sure you list your top 5 strengths in the box. If you have not taken the test, you will need to click “No” in order to move forward in the form.

Major 3 (if applicable)

Minor 1 (if applicable)

Minor 2 (if applicable)


Minor 3 (if applicable)

Concentration (if applicable)

Have you taken the Strengths Finder Assessment? \*

Yes  No

List your five strengths in the box below. \*



**If you are an international student, you are not able to begin your experience until you submit a CPT form to Margaret Pasko and receive a new I-20.**

## Section B: International Student Notification

To be completed by the student.

Are you an international student: \*

Please contact [Margaret Pasko](#).

Yes  No

A CPT form must accompany this contract. Submit new I-20/. Without a new I-20, you will violate your F1 status and could be sent back to your home country.

I read the above information and understand the expectations.

Student signature: \*

Use your mouse or finger to draw your signature above

[\[clear\]](#)



If your supervising HU professor is NOT your advisor, click No and boxes will appear to fill in your advisor's information.

### Section C: Course Information

To be completed by the student.

Department: (Which department should your experience be counted in?) \*

Semester: \*      Year: \*

-Select One-      -Select One-

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Supervising HU professor: \*

First Name      Last Name

Supervising HU professor's email: \*

Is your advisor your supervising HU professor? \*

Yes     No

Advisor: \*      

First Name      Last Name

Advisor's email: \*

Course type and credit hours: \*

-Select One-

What are your goals for this experience? What do you hope to learn? \*

25 minimum characters

What skills or knowledge do you hope to use? \*

25 minimum characters

Fill in ALL site information completely. **If you are completing one experience, but splitting your time between two or more different sites, you must complete a separate contract for EACH site.**

### Section D: Site Information

To be completed by the student.

Company, organization, or department: \*

For example, Parkview Hospital, Star Financial Bank, or HU History Department

Site supervisor: \*

First Name

Last Name

Site supervisor's title: \*

Site supervisor's email: \*

Supervisor's phone: \*

For example, Director of Finance, HR Director, or Prof. John Doe

Address: \*

Address Line 1

City State ZIP Code

United States Country

Start date of experience: \*

Jan ▾

21 ▾

2020 ▾

January 2020

Su	Mo	Tu	We	Th	Fr	Sa
			1	2	3	4
5	6	7	8	9	10	11
12	13	14	15	16	17	18
19	20	21	22	23	24	25
26	27	28	29	30	31	

End date of experience: \*

Jan ▾

21 ▾

2020 ▾

📅

Compensation: \*

-Select One-

Total hours for the experience: \*

0

Note: At least 40 hours of supervised work experience is required per credit for Internships. At least 30 hours of supervised work experience is required per credit for practica and job shadows.

Work assignments or day-to-day projects: \*

25 minimum characters

Compensation: \*

-Select One-

Hours per week: \*

0

Total hours for the experience: \*

0

Note: At least 40 hours of supervised work experience is required per credit for Internships. At least 30 hours of supervised work experience is required per credit for practica and job shadows.

Work assignments or day-to-day projects: \*

The last step is to sign the form with your mouse or finger and click “Submit.”

## Section E: Student Release

To be completed by the student.

I, the above named student, am 18 years of age or older, and am participating in the experience listed in this contract of my own free will. I acknowledge that within the course and scope of my activities as described in this contract, I may be exposed to hazards or risks that may result in my illness, personal injury, or death and I understand and appreciate the nature of such hazards and risks. In consideration of being permitted to participate in the Activity, I hereby accept all risk to my health, including any injury or death, and property that may occur while I am acting within the course and scope of the Activity as an intern or otherwise participating in the Activity. To the best of my knowledge, I can fully participate in this Activity.

I hereby RELEASE, WAIVE, DISCHARGE AND COVENANT NOT TO SUE Huntington University, its Board of Trustees, their officers, servants, agents, and employees (hereinafter referred to as RELEASEES), from any and all liability, claims, demands, actions and causes of action whatsoever arising out of or related to any loss, damage, or injury, including death, that may be sustained by me, or to any property belonging to me, WHETHER CAUSED BY THE NEGLIGENCE OF THE RELEASEES, or otherwise, while interning or otherwise participating in the Activity, or while in, on or upon the premises where the Activity is being conducted or in transportation to and from said premises.

I further hereby AGREE TO INDEMNIFY AND HOLD HARMLESS RELEASEES from any loss, liability, damage or costs, including court costs and attorneys' fees they may incur due to my participation in said Activity, WHETHER CAUSED BY NEGLIGENCE OF RELEASEES or otherwise.

It is my express intent that this Student Release Form shall bind the members of my family and spouse (if any), if I am alive, and my heirs, assigns and personal representative, if I am not alive, and shall be deemed as a RELEASE, WAIVER, DISCHARGE AND COVENANT NOT TO SUE above named RELEASEES.

I further understand and acknowledge that HU is not an insurer of my personal safety or property. I UNDERSTAND THAT THE UNIVERSITY WILL NOT BE RESPONSIBLE FOR ANY MEDICAL COSTS ASSOCIATED WITH ANY INJURY I MAY SUSTAIN. I also understand that I should and am urged by HU to obtain adequate health and accident insurance to cover any personal injury to myself that may be sustained during the Activity or the transportation to and from said Activity.

I further agree to become familiar with the rules and regulations of HU and not to violate said rules or any directive or instruction made by the person or persons in charge of said Activity and that I will further assume the complete risk of any activity done in violation of any rule or directive or instruction.

IN SIGNING THIS RELEASE, I ACKNOWLEDGE AND REPRESENT THAT I have read the foregoing Student Release Form, understand it and sign it voluntarily as my own free act and deed; no oral representations, statements or inducements, apart from the foregoing written agreement, have been made; I am at least eighteen (18) years of age and fully competent; and I execute this Release for full, adequate and complete consideration fully intending to be bound by same. I understand this Student Release Form will be construed in accordance with the laws of the State of Indiana.

Signature: \*



Date: \*

Jan 21 2020



Use your mouse or finger to draw your signature above

[clear]

Please contact us at [erc@huntington.edu](mailto:erc@huntington.edu) or 260-359-4027 with any questions.