Directions for Completion of Internship Form
For
Dean’s Office

THE DIRECTIONS MUST BE COMPLETED BEFORE THE STUDENT BEGINS THE INTERNSHIP.

1. Enclosed you will find the original standard university affiliation agreement for your signature. After all signatures are affixed, one original will be returned to you and the agreement will be deemed effective.
   
   • Signatures. It is important that any individual who signs on behalf of your institution has contracting authority to legally execute the enclosed agreement.

2. This internship agreement is to be completed by the faculty member teaching the course that includes the internship in cooperation with the student who is doing the internship.

3. The student is responsible for obtaining all required signatures as listed on the agreement.

4. Once the agreement is completed with all signatures, the student brings the agreement to the Dean’s Office in 330 Still Hall.

5. The original agreement will be forwarded by the Dean’s Office to the Registrar for processing. A copy will be kept in the Dean’s Office for no more than one academic year after the end of the internship.

6. The student will:
   
   • keep one copy of the agreement.
   
   • give one copy of the agreement to the course instructor.
CLARION UNIVERSITY OF PENNSYLVANIA
LEARNING AGREEMENT
COOPERATIVE EDUCATION INTERNSHIP PROGRAM

COLLEGE OF ______________________________________________________

DEPARTMENT OF __________________________________________________

The Student is to submit the completed Learning Agreement to the Dean's Office before the start of the semester for the Cooperative Education Internship Program. This form will be returned to the student before the indicated "end date" for performance evaluation.

Term: Summer 1 ___ Summer 2 ___ Summer 3 ___ Fall ___ Spring ___ Year: 20 ___

Course Number: ___________ Course Title: ______________________________________

No. of Credit Hours: _____ Total Work/Clock Hours: _____ Placed in program as: __________

Start Date: ___________ End Date: ___________ Voluntary ____ Paid _____

Previous Cooperative Education Internship Credits Earned: __________

Student Name: _____________________________________ Student No: _______________

Current Address: __________________________________________________________________

Telephone Number: _______________ Credits Completed: _______________ QPA: _________

Student Major or Career Goal: ________________________

1. STATEMENT OF JOB-ORIENTED/LEARNING OBJECTIVES (To be completed prior to start of Cooperative Education Internship Program as Part A of this agreement.)

2. EVALUATION OF STUDENT PERFORMANCE (To be completed and submitted at end of Cooperative Education Internship Program as Part B of this agreement.)

RATIFICATION: We, the undersigned, accept the validity of the job-oriented/learning objectives and evaluation of student performance criteria in this Agreement. This Learning Agreement is governed by the terms and conditions set forth in the University's Worksite Affiliation Agreement (Attachment A).

STUDENT SIGNATURE/DATE WORKSITE SUPERVISOR SIGNATURE/DATE

ACADEMIC ADVISOR SIGNATURE/DATE WORKSITE SUPERVISOR NAME, TITLE

FACULTY COORDINATOR SIGNATURE/DATE WORKSITE NAME

DEPARTMENT CHAIR SIGNATURE/DATE WORKSITE ADDRESS

DEAN SIGNATURE/DATE WORKSITE TELEPHONE NUMBER

Forward the completed Learning Agreement to the Dean’s Office who will then forward it to the Registrar for processing.
PART A
STATEMENT OF JOB-ORIENTED/LEARNING OBJECTIVES
(To be completed prior to start of Cooperative Education Internship Program.)

PART B
EVALUATION OF STUDENT PERFORMANCE
(To be completed and submitted at end of Cooperative Education Internship Program)
ATTACHMENT A

CLARION UNIVERSITY OF PENNSYLVANIA

AFFILIATION AGREEMENT WITH A WORKSITE PROVIDER

THIS AGREEMENT, is made by and between CLARION UNIVERSITY OF PENNSYLVANIA, (hereinafter referred to as “University”), an educational institution of the State System of Higher Education, Commonwealth of Pennsylvania and the Worksite Provider (hereinafter “Worksite”). The parties intend to be legally bound to the following terms:

I. DUTIES AND RESPONSIBILITIES OF THE UNIVERSITY

a. Selection of Students. The University shall be responsible for the selection of qualified students to participate in the worksite experience. Selected students must have the appropriate educational background and skills consistent with the contemplated educational experience offered by the worksite and must be approved by the designated representative of the Worksite.

b. Education of Students. The University shall assume full responsibility for the classroom education of its students. The University shall be responsible for the administration of the program, the curriculum content, and grading.

c. Submission of Candidates. The University shall submit the names of the students to the Worksite or a designated representative prior to the worksite assignment.

d. Advising Students of Rights and Responsibilities. The University will be responsible for advising the student of his or her own responsibilities under this Agreement. The student shall be advised of his or her obligations to abide by the policies and procedures of the Worksite and should any student fail to abide by any policy and/or procedure, he or she may be expelled.

e. Professional Liability Insurance. When students are placed at a worksite where employees are normally expected to provide their own professional liability insurance, then these students shall be responsible for procuring professional liability insurance at their own expense. The limits of the policy shall be a minimum of $1,000,000.00 per claim and an aggregate of $3,000,000.00 per occurrence. This policy must remain in full force and effect for the duration of the worksite assignment.

II. DUTIES AND RESPONSIBILITIES OF THE WORKSITE PARTNER

a. Establishment of worksite experience. The Worksite authorizes the use of its facilities as may be agreed upon by the Worksite and the University as a work experience center. This work experience is for students enrolled in one of the University’s programs.
b. **Policies of the Worksite Provider.** The University and the Worksite will review with each student, prior to the assignment any and all applicable policies, codes or confidentiality issues related to the experience. The Worksite will provide the University all the applicable information prior to the Student’s participation.

c. **Administration.** The Worksite will be responsible for and retain control over the organization, and operation of its programs.

d. **Removal of Noncompliant Student.** The Worksite shall have the authority to immediately remove a student who fails to comply with its policies and procedures. If such a removal occurs, the Worksite should immediately contact the responsible University Faculty Coordinator.

e. **Designation of Representative.** The Worksite shall designate a person to serve as a liaison between the parties who will meet periodically (either in person, over the phone, or electronically) with the Faculty Coordinator in order to discuss, plan and evaluate the experience of the student(s).

f. **Supervision of Students.** The Worksite shall provide a Worksite Supervisor who will supervise student activities during the work experience.

g. **Reporting of Student Progress.** The Worksite shall provide all reasonable information requested by the University on a student’s work performance. If there are any student evaluations, they will be completed and returned according to any reasonable schedule agreed to by the University and the Worksite.

h. **Student Records.** The Worksite shall protect the confidentiality of student records as dictated by the Family Educational Rights and Privacy Act (FERPA) and shall release no information absent written consent of the student unless required to do so by law or as dictated by the terms of this Agreement.

## III. MUTUAL TERMS AND CONDITIONS

a. **Number of Participating Students.** The parties will mutually agree upon the number of students that shall be assigned to the Worksite for work experiences.

b. **Term of Agreement.** The term of this Agreement shall be for the period specified in the Learning Agreement. This Agreement may not exceed a period of five years.

c. **Termination of Agreement.** The University or the Worksite may terminate this Agreement for any reason with ninety (90) day’s notice. Either party may terminate this Agreement in the event of a substantial breach. However, should the Worksite terminate this Agreement prior to the completion of an academic semester, all students enrolled at that time may continue their educational experience until it would have been concluded absent the termination.

d. **Interpretation of the Agreement.** The laws of the Commonwealth of Pennsylvania shall govern this Agreement.
e. Modification of Agreement. This Agreement shall only be modified in writing with the same formality as the original Agreement.

f. Relationship of Parties. The relationship between the parties to this Agreement to each other is that of independent contractors. The relationship of the parties to this contract to each other shall not be construed to constitute a partnership, joint venture or any other relationship, other than that of independent contractors.

g. Liability. Neither of the parties shall assume any liabilities to each other, except as specifically stated in this Agreement. As to liability for damage, injuries or death to persons, or damages to property, the parties do not waive any defense as a result of entering into this Agreement unless such a waiver is expressly and clearly written into a part of this Agreement.

h. Entire Agreement. This Agreement represents the entire understanding between the parties. No other prior or contemporaneous oral or written understandings or promises exist in regards to this relationship.

___________________________________                ______
Clarion University of Pennsylvania                                           Site Name
___ _______________________________
Authorized Signature                                                                 Authorized Signature

Dr. Karen Whitney, President
Print Name/Title                                                                  Print Name/Title