

STUDENT INTERNSHIP AGREEMENT

Students should complete this form and email to Prof. Michael Robinson at mrbnsn12@memphis.edu.

Student Name UID#

Mobile phone Email

Internship site name

Term for which registration requested Year Fall Spring Summer

Major Academic Adviser

Learning objectives

STUDENT INTERNSHIP AGREEMENT

The University of Memphis does not control the way in which the internship learning experience and/or internship site is structured or operates. In granting academic credit for this experience, the University affirms that, to the best of its judgment, the experience is an appropriate curricular option for students and worthy of University credit, but makes no assurances, express or implied.

The student should take appropriate precautions, based on their personal health and other circumstances, to ensure that the experience does not pose an undue health or other risk. The student understands that any experience or associated travel carries with it potential hazards that are the beyond the control of the University and its agents or employees.

The student understands that the internship supervisor/site is to provide a valuable learning experience in a professional business environment. According, the University of Memphis encourages each student to advise as soon as possible if the experience does not meet their expectations in any manner.

Student signature Date

NOTE: Students may sign this agreement electronically by typing their name in the box above and returning the form to the Internship Coordinator as an attachment from their University of Memphis email.

Experiential Learning Placements — Student Affirmation

The mission of the University is to help each student develop their professional competencies. Experiential learning placements are designed to provide opportunities for students to learn to become effective in their area of practice through observations and practice in a professional setting. These experiences are designed to augment the knowledge, skills, and dispositions gained in the university classroom by requiring regular engagement in on-site, in-person internship and practicum activities in a professional, public setting. However, these experiences also come with enhanced responsibility on the part of the student.

Compliance with policies and rules. By signing below, I affirm that I have read and will abide by all applicable University policies and practicum guidelines as well as any policies and rules required by any experiential learning placement (ELP) sites. I further affirm my responsibility to comply with all ethical standards associated with my professional placement(s).

Duty of care. I agree that it is my responsibility to understand and follow ELP site policies and procedures designed to identify and control risks, including safety and security procedures and bloodborne pathogen policies, and to obtain any immunizations or testing which ELP site(s) and the University may recommend and/or require. I further understand that it is my responsibility to follow safe practices as set by the University of Memphis, my relevant academic program, and my ELP site, as well as those required by local, state and federal governments. I acknowledge that it is my responsibility to bring to the University's and/or Department's attention any information regarding any ELP site being unsafe or otherwise improper.

Practicing within your competency. An important aspect of ethical, professional practice is knowing the limits of your knowledge and skills and not engaging in activities that are beyond your level of competence. I acknowledge that engaging in an ELP may require a degree of skill and knowledge different from other activities and that I have responsibilities as a participant to practice within my level of competency.

Acknowledgement of risk. I acknowledge that there are certain risks inherent in my participation in ELPs, including, but not limited to risks arising from: travel to and from the ELP site, ELP activities, unpredictable or violent behavior of certain client populations served by the site, suboptimal working conditions due to pandemic/epidemic circumstances, and exposure to infectious diseases, including tuberculosis or other airborne pathogens, and hepatitis, HIV or other bloodborne pathogens.

Assumption of risk and release. I acknowledge that my chosen profession is not risk free and that by extension, experiential learning placements for the profession may inherently involve risk that could result in my bodily injury, up to and including death, as well as mental anxiety and stress. I voluntarily participate in ELPs in spite of these risks. I agree to assume those risks and release the University of Memphis and its board, employees, agents, and successors, of and from any and all expenses, damages, judgments, and costs, of whatever kind, that arise from any illness or injury I may acquire or sustain while participating in ELPs.

Medical conditions and treatment. I acknowledge that University of Memphis does not provide health and accident insurance for ELP participants and I agree to be financially responsible for any medical bills incurred as a result of emergency or other medical treatments. Should I require emergency medical treatment as a result of accident or illness arising during the ELP, I consent to such treatment. I will notify my field supervisor if I have medical conditions about which emergency personnel should be informed.

Unforeseeable circumstances. Circumstances may arise that necessitate discontinuing – permanently or temporarily – ELPs. Such circumstances may include, but are not limited to, business disruptions, loss of site credentials, fire, flood, embargoes, war, acts of terrorism, civil commotions, natural disasters, and/or pandemics/ epidemics. I understand that in the event of such a circumstance the University will maintain communication regarding alternative pathways for completion of required coursework and will take all necessary steps to determine a suitable path forward. However, the University will not incur any liability as a result of unforeseen circumstances.

Voluntary election. It has been explained to me, and I understand, that faculty are available to discuss any questions or concerns I have about the nature and physical demands of ELPs and the inherent risks, hazards, and dangers associated with ELPs. I am voluntarily electing to move forward with my ELP in light of current circumstances. I acknowledge that if I have health issues or am not comfortable participating in an ELP at any time, I can elect to postpone my ELP(s) to a later date, knowing that it may affect my original projected graduation date and/or the award of my degree. If I wish to discontinue an ELP after the start date, I am responsible for first discussing the reasons why with my director. I further understand that any decision made to discontinue an ELP may affect my original projected graduation date and/or the award of my degree.

Student signature

Date

Internship coordinator

Date

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