



# STUDENT ACADEMIC CREDIT INTERNSHIP AGREEMENT

*This is a release. Please read carefully.*

**STUDENTS MUST SUBMIT THIS COMPLETED FORM TO THEIR FACULTY SUPERVISOR WHEN REGISTERING FOR INTERNSHIP CREDIT.**

PLEASE PRINT

I, \_\_\_\_\_, a student at Northwest Missouri State University plan to undertake an

\* Academic Credit Internship Course Number \_\_\_\_\_ during the  Fall  Spring  Summer of Year \_\_\_\_\_

\*For multiple locations, attach a separate sheet with the designated details.

\* at the following location: \_\_\_\_\_

\* Address/City/State/Country \_\_\_\_\_

\* Site Contact Name: \_\_\_\_\_ Phone (\_\_\_\_\_) \_\_\_\_\_ E-mail \_\_\_\_\_

\* Start Date of Internship: \_\_\_\_\_ End Date of Internship: \_\_\_\_\_

## INSURANCE COVERAGE

I understand that Northwest Missouri State University does not provide me with any insurance coverage and that therefore I am responsible for my own health, accident, disability, and hospitalization insurance to cover me during my internship. I assume full responsibility for any physical or emotional problems I have that might impair my ability to complete the experience, and I release, as more fully set out below, Northwest Missouri State University and its employees from any liability for injury to myself or damage to or loss of property.

## PERSONAL CONDUCT

I understand that the responsibilities and circumstances of an Academic Credit Internship may require a standard of decorum, which may differ from that of Northwest Missouri State University, and I indicate my willingness to understand and conform to the standards of the internship site. I further understand that it is important to the success of the present internship and the continuance of future internships that interns observe standards of conduct that would not compromise Northwest Missouri State University in the eyes of individuals and organizations with which it has dealings, and I acknowledge the Faculty Supervisor may set rules and communicate expectations. I agree that should the Internship Site Sponsor decide that I must be terminated from my internship because of conduct that might bring the program into disrepute or the internship site into jeopardy, that decision will be final and may result in the loss of academic credit.

## GENERAL RELEASE

I acknowledge and agree that the internship site and use of any and all of its facilities shall be undertaken by me at my own sole risk and that Northwest Missouri State University shall not be liable for any and all claims, demands, actions, or causes of actions, whatsoever for injury to me or damage to property arising out of or connected with the internship and with the use of any and all services, or facilities associated with the internship. I do hereby expressly forever release and discharge Northwest Missouri State University and its past, present and future Board of Regents, officers, employees, faculty, students, or agents and its successors and assigns from any and all claims, demands, actions, or causes of action, for any and all injuries to me or damages to property arising from or related to any and all acts of those released.

Student Signature: \_\_\_\_\_ Date \_\_\_\_\_ 919 # \_\_\_\_\_

Student Address (During Internship) \_\_\_\_\_  
(Street) (City) (State) (Zip)

\* Student Phone (During Internship) \_\_\_\_\_

Faculty Supervisor (Please Print) \_\_\_\_\_

Faculty Supervisor Signature \_\_\_\_\_ Date: \_\_\_\_\_

**Send signed original to Northwest Missouri State University Internship Coordinator,  
130 Administration Building, 660.562.1455**