

TRINIDAD STATE JUNIOR COLLEGE
TRAINING AGREEMENT FOR THE INTERNSHIP PROGRAM

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|---------------------------|---------------------------|
| Employer: | Student: |
| Supervisor: | Student #: |
| Title: | Program: |
| Address: | Address: |
| City: | City: |
| State: Zip: | State: Zip: |
| Phone: | Phone: |
| Fax: | Cell: |
| Email: | E-mail: |

This is to certify that _____, a student at Trinidad State Junior College will perform _____ internship with _____ for a period of _____ hours.
a Paid or an Unpaid (Name of company/employer)

This internship will begin on _____ and ending on _____.

During this internship, the student will be enrolled in _____ for a total of _____ semester credit (s).
 24 contact hours = 1 semester credit (40 contact hours) = 1 credit **MAXIMUM**)

During the above stated internship, the college, student, and employer agree to the following provisions:

THE COLLEGE AGREES TO:

- Work with the employer to coordinate the internship experience using the college program curriculum
- Grant appropriate credits for successful job performance

THE STUDENT AGREES TO:

- Follow the employer's rules and regulations
- Perform all internship requirements as listed in this handbook
- Complete all necessary paperwork and return it to the internship coordinator/instructor

THE EMPLOYER AGREES TO:

- Instruct the student on rules, regulations, and internship responsibilities
- Provide performance ratings at the end of the internship
- Contact the internship coordinator regarding internship problems
- Treat the student without regard to race, color, national origin, sex, or handicap
- Provide workman's compensation and liability insurance for students electing paid internships

We, the undersigned, agree to comply with all provisions stated in this training agreement.

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|---|-------------|
| | |
| Supervisor's signature | Date |
| | |
| Supervisor's signature | Date |
| | |
| Internship Coordinator / TSJC Instructor | Date |
| | |
| TSJC Administrator signature | Date |