



## LAIB INTERNSHIP AGREEMENT TO BE COMPLETED BY THE EMPLOYER

Name of Firm/Agency/  
Company: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Title: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ Country: \_\_\_\_\_

Phone: \_\_\_\_\_

Email  
Position Available for  
Internship: \_\_\_\_\_

Description of Duties:  
\_\_\_\_\_

Length of Time: [ \_\_\_\_\_ ] weeks for [ \_\_\_\_\_ ] hours per week

Total Hours: \_\_\_\_\_

Dates of Internship: From \_\_\_\_\_ To \_\_\_\_\_

**The employer agrees to:**

- Provide appropriate orientation to student intern regarding duties, responsibilities
- Provide a safe working environment
- Communicate with the student intern in case of problems
- Provide student with a letter upon completion of the internship specifying length of internship, total number of hours worked, and quality of work.

Signature of Supervisor: \_\_\_\_\_

Title of Supervisor: \_\_\_\_\_

Date: \_\_\_\_\_



## LAIB INTERNSHIP AGREEMENT TO BE COMPLETED BY STUDENT INTERN

Student's Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_

Student ID: \_\_\_\_\_ Classification: (Fr/Soph/Jr/Sr) \_\_\_\_\_

Major at Clemson: \_\_\_\_\_ Minor: \_\_\_\_\_

GPA: \_\_\_\_\_ GPA in Major: \_\_\_\_\_

Date of Graduation: \_\_\_\_\_

School Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Home Address: \_\_\_\_\_

Emergency Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Language(s): \_\_\_\_\_

Level: [  ] Intermediate  
[  ] Advanced  
[  ] Superior  
[  ] Native

English:

Level: [  ] Advanced  
[  ] Superior  
[  ] Native

Computer Skills: \_\_\_\_\_

Other Pertinent Skills: \_\_\_\_\_

Previous Employment  
Experience: \_\_\_\_\_

**The student intern agrees to:**

- Abide by Clemson University code of conduct
- Abide by whatever policies/codes of conduct as pertain in place of employment
- Abide by a professional work ethic at all time

Signature of Student Intern: \_\_\_\_\_

Date: \_\_\_\_\_



**APPROVAL OF LAIB INTERNSHIP  
TO BE COMPLETED BY THE PROGRAM DIRECTOR**

**STUDENT INFORMATION**

Student's Name: \_\_\_\_\_

Student ID: \_\_\_\_\_

**INTERNSHIP INFORMATION**

Name of Firm/Agency/  
Company: \_\_\_\_\_

Dates of Internship: From \_\_\_\_\_ To \_\_\_\_\_

**INTERNSHIP APPROVAL (CHECK ONE)**

Approved: [                    ]

Approved Conditionally: [                    ] (Provide conditions below for approval)  
\_\_\_\_\_  
\_\_\_\_\_

Not Approved: [                    ] (Provide reasons below)  
\_\_\_\_\_  
\_\_\_\_\_

Signature of LAIB Director: \_\_\_\_\_

Name of LAIB Director: \_\_\_\_\_

Date: \_\_\_\_\_