

**Weber State University**  
**Health Promotion and Human Performance**  
**Internship Agreement**

Developed: 15 March 1999      Revised: 13 August 2012

As a student of Weber State University within the Department of Health Promotion and Human Performance I, \_\_\_\_\_, commit

(Full Name)

to an internship/project with \_\_\_\_\_

(Name of Organization, Institution, Company)

located at \_\_\_\_\_

(Address, City, State, Zip Code)

\_\_\_\_\_ has consented to be my supervisor.

(Site Supervisor's Full Name)

The internship/project will begin \_\_\_\_\_ and end \_\_\_\_\_, for

(Month, Date, Year)

(Month, Date, Year)

a total of \_\_\_\_\_ weeks. I am contracting to work \_\_\_\_\_ hours per week,

(Number)

(Number)

for a total of \_\_\_\_\_ hours. My enrollment in \_\_\_\_\_ for \_\_\_\_\_ semester hours

(Number)

(Course Number)

(Credits)

will be during \_\_\_\_\_. My student ID# is \_\_\_\_\_.

(Term, Year)

During the internship/project I will be expected to:

1. Be registered as a student pursuing a declared major within the Health Promotion and Human Performance Department.
2. Comply with the department's minimum internship/project contact hours/credit hours requirement (4 contact hours/week/1 semester credit hour).
3. Comply with all policies and procedures and guidelines outlined by my intern supervisor (employer) and university intern director or project director.
4. Meet all university and department requirements and assignments associated with this internship/project.
5. Perform in a professional manner while performing my duties and completing assignments associated with the internship.

Note: Assurance of General Liability Insurance for WSU interns and senior project students can be provided upon request. Students are responsible for providing assurance of their Professional Liability Insurance as well as Health Insurance upon request.

\_\_\_\_\_  
(Student Signature) \_\_\_\_\_  
(Date)

Cell/Home(\_\_\_\_ - \_\_\_\_ - \_\_\_\_ ) Business(\_\_\_\_ - \_\_\_\_ - \_\_\_\_ ) E-mail(\_\_\_\_\_)

\_\_\_\_\_  
(University Director Signature) \_\_\_\_\_  
(Date)

Cell/Home( 801 - 510 - 9772 ) Business( 801 - 626 - 7361 ) E-mail(mmsmith1@weber.edu\_\_\_\_\_)

\_\_\_\_\_  
(Site/Project Supervisor Signature) \_\_\_\_\_  
(Date)

Cell/Home(\_\_\_\_ - \_\_\_\_ - \_\_\_\_ ) Business(\_\_\_\_ - \_\_\_\_ - \_\_\_\_ ) E-mail(\_\_\_\_\_)