

INTERNATIONAL ACADEMIC INTERNSHIP REGISTRATION FORM



Career Development Center

THIS FORM SHOULD BE USED IF/WHEN YOU HAVE SECURED AN EMPLOYER HOST. The Off-Campus Study Committee must review your application prior to registration. The Career Development Center will sign this form after approval is received by the committee and your faculty supervisor.

LAST NAME			FIRST NAME			STUDENT ID NUMBER		
EMAIL ADDRESS						PHONE NUMBER		
SEMESTER: FALL <input type="checkbox"/> SPRING <input type="checkbox"/>			YEAR: 20 _____			MAJOR:		
SUMMER: MAY <input type="checkbox"/> JUNE <input type="checkbox"/> JULY <input type="checkbox"/>						MINOR:		
CRN	SUBJECT	COURSE NUMBER	SECTION	CREDITS*	COURSE TITLE	FACULTY SUPERVISOR NAME		
					INTERNSHIP			

*FOR EVERY THREE HOURS ONSITE PER WEEK, ONE CREDIT CAN BE EARNED.

FACULTY SUPERVISOR SIGNATURE:		DATE
STUDENT SIGNATURE:		DATE
CAREER DEVELOPMENT SIGNATURE:		DATE

Bring this signed and completed form to the Registrar's Office in DeWitt to register. Review your class schedule on KnowHope Plus. Date & Initials of Registrar's Office: _____

INTERNSHIP SITE CONTACT INFORMATION

All Fields Required

SITE SUPERVISOR LAST NAME			SITE SUPERVISOR FIRST NAME		
SITE SUPERVISOR TITLE					
EMAIL ADDRESS				PHONE NUMBER	
SITE/ORGANIZATION/BUSINESS NAME					
STREET ADDRESS AND SUITE NUMBER					
CITY		STATE		ZIP CODE	

INTERNSHIP WORK SCHEDULE

START DATE		END DATE		HOURS PER WEEK	
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I will be paid for the internship. YES NO

RELEASE OF LIABILITY

****PLEASE READ CAREFULLY BEFORE SIGNING****

I have chosen to participate in an internship work experience ("Internship"). I acknowledge and understand that there are certain dangers and risks inherent in Internship participation and travel, living arrangements and other activities associated with the Internship and that Hope College ("Hope") does not assume responsibility for losses including, but not limited to, personal injuries, death or property damage associated with or related to such activities and Hope is not an agent for, the Internship provider, the transportation carriers, facilities, or other suppliers of services in connection with the Internship.

Insurance Coverage/Decorum

I have sufficient health, accident, disability and hospitalization insurance to cover me during my Internship and I agree that the cost of such insurance and expenses not covered by this insurance are my obligations and responsibility. I have no physical or emotional problems that might impair my ability to complete the experience. I am responsible for ascertaining whether my internship provider provides worker's compensation coverage for me. I understand that I will not be entitled to unemployment compensation benefits upon completion of my internship.

Personal Conduct

I understand that the responsibilities and circumstances of my internship will require a high standard of behavior. I agree to comply with the professional standards required by the internship provider. I further understand that my conduct and performance may determine whether future internships are available to Hope students. I agree to conduct myself in a manner that does not compromise Hope in the eyes of individuals and organizations with which it has dealings, and I acknowledge Hope's authority for setting rules and interpreting conduct for this purpose. I agree that if Hope makes a decision to terminate my Internship because my conduct does not meet these standards that decision will be final and may result in the loss of academic credit. I further acknowledge and agree that I will also remain subject to rules for student conduct set forth in the student handbook.

RELEASE AND HOLD HARMLESS AGREEMENT

In consideration of being permitted to participate in the Internship, I, on behalf of my family, heirs, and personal representative(s), agree to assume all risks and responsibilities surrounding my participation in the Internship and related travel and living arrangements and release and forever discharge Hope from and covenant not to sue Hope for any and all liability for any harm, injury, damage, claims, demands, actions, causes of action, costs, and expenses of any nature whatsoever which I may have, or which may hereafter accrue to me, arising out of or related to my participation in the Internship and agree to hold Hope harmless and indemnify Hope from and against any such claim. I further agree that this Release shall be interpreted according to the laws of the State of Michigan.

THIS IS A RELEASE OF LEGAL RIGHTS.

PLEASE BE CERTAIN YOU UNDERSTAND THIS DOCUMENT BEFORE SIGNING IT.

For participation in _____

Printed Name of Student

Student I.D. Number

Signature of Student

Date