

**Academic Internship Learning Agreement**  
SUNY Buffalo State College  
Business Department Internship Program (BUS 488)  
Professor Lynne M. Scalia, Internship Coordinator  
1300 Elmwood Avenue – Chase Hall 335, Buffalo, NY 14222  
(716) 878-5322 Phone & Fax  
<http://faculty.buffalostate.edu/scalia/m>

**Form #3**

**Instructions:** Intern completes Part I and the company supervisor completes Part II. Both should discuss expectations and sign the form in Part III. The student must submit **two copies** of this form to Professor Lynne M. Scalia prior to the start of the internship.

**Intern Responsibilities:**

1. Successfully complete all course requirements and work hours as stated on the Business Department Internship Web site.
2. Demonstrate honesty, punctuality cooperation, confidentiality and respect for others.
3. Keep regular attendance notifying company supervisor of any anticipated absences.
4. Abide by the dress code at the work site.
5. Inform internship coordinator and company supervisor of any problems, concerns, accidents/inquires immediately.

**Company Supervisor Responsibilities:**

1. Provide hands-on training for professional tasks associated with the job responsibilities.
2. Supervise and mentor intern and provide feedback on the intern's performance.
3. Provide a safe working environment and report any intern accidents.
4. Verify attendance records.
5. Complete student internship performance evaluation form and verify and comment on the final internship portfolio.

**Buffalo State College Internship Coordinator Responsibilities:**

1. Supervise student placement in an appropriate internship site.
2. Consult with the company supervisor to develop an internship learning experience plan.
3. Maintain regular communication with the intern and company supervisor.
4. Secure all paperwork associated with the learning experience.
5. Evaluate the final internship portfolio and determine final grade.

**PART I: INTERN INFORMATION** *(to be completed by intern)*

Intern Name: \_\_\_\_\_ Banner #: \_\_\_\_\_

Current Address: \_\_\_\_\_

STREET CITY STATE ZIP

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

Semester/Year Requesting Internship Credit: \_\_\_\_\_

Major: \_\_\_\_\_ Concentration: \_\_\_\_\_

**PART II: COMPANY INFORMATION** *(to be completed by company supervisor and discussed with intern)*

Supervisor Name: \_\_\_\_\_ Title: \_\_\_\_\_

Company Name: \_\_\_\_\_

Company Address: \_\_\_\_\_

STREET CITY STATE ZIP

Phone: ( ) \_\_\_\_\_ Fax: ( ) \_\_\_\_\_ Email: \_\_\_\_\_

Date Internship Begins: \_\_\_\_\_

Date Internship Ends: \_\_\_\_\_

The internship is:  Paid  Unpaid  Other Specify \_\_\_\_\_

If paid, rate \$ \_\_\_\_\_/hr

Provide a **detailed job description of the duties and the specific projected tasks** the intern will be assigned during the semester.

*(Attach or use additional sheet if necessary. Tasks should be less than 30% clerical.)*

### **III. SIGNATURES** *(to be completed by student, company supervisor and internship coordinator)*

The intern and the company supervisor have discussed job duties, learning goals, pay, and expected hours. The company supervisor and intern have or will discuss relevant policies and procedures in the workplace.

\_\_\_\_\_  
INTERN SIGNATURE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
COMPANY SUPERVISOR SIGNATURE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
PROF. LYNNE M. SCALIA, INTERNSHIP COORDINATOR SIGNATURE

\_\_\_\_\_  
DATE