



INTERNSHIP
 School of Business and Economics
 Department of Management & Entrepreneurship
HOST AGENCY CONTRACT



Agency/Organization: _____ Date: _____

Address: _____ City: _____ State: ____ Zip: _____

Internship Title: _____

Semesters Interested in Hosting Internship: ____Fall ____Spring ____Summer

Intern Supervisor: _____ Title: _____

Phone: _____ Fax: _____

E-mail: _____

Financial Arrangements: ____Unpaid ____Stipend ____Travel Reimbursement ____Other

We, _____, have read the host agency guidelines and agree to be a host for the College of Charleston, Department of Management and Entrepreneurship Internship Program. We understand our responsibilities include, but are not limited to, establishing a job description for each internship we host, creating a work schedule with the student to ensure they meet the College of Charleston requirements, to provide quality work assignments established through the Learning Contract, and designate a supervisor to serve as a mentor/evaluator to the student and a liaison for the College of Charleston and the Department of Management and Entrepreneurship Internship Program.

With this agreement, we are aware the Internship Coordinator will be marketing our internship(s) opportunity to students and will provide the internship coordinator with at least one semester notice of internship opportunities to allow him/her to present the opportunity to students. To enhance marketing efforts, we will provide company information and an internship job description to the internship coordinator as well as any additional information we feel relevant.

We acknowledge the internship coordinator will review applications and provide us with the best possible applicants for our internship. We will then review applicants and make the Internship Coordinator aware of our selection by the designated deadline.

We hereby agree to the terms and conditions state in the host agency guidelines for the College of Charleston, Department of Management and Entrepreneurship Internship Program and understand that if we fail to meet the requirements of the Host Agency Guidelines and/or fail to implement the job description established for the internship, the Internship Coordinator, Department Chair or Dean of the School of Business may terminate the internship agreement upon their discretion at anytime.

Agency Contact: _____ Date: _____

Internship Coordinator: _____ Date: _____

Department Chair: _____ Date: _____