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**Bachelor Degree Internship Program**  
**INTERNSHIP LEARNING AGREEMENT (ILA)**  
**Between**

and

Student Name

Business/ Agency Name  
(full legal name from company website)

*Prerequisite and Details: Internship Eligibility Application must be approved and on file in the School office before ILA is submitted. Students are responsible for submitting the ILA prior to the start date of the internship. The School Administrative Assistants will register students for the appropriate internship course.*

Term\* in which you are seeking credit:      Spring      Summer      Fall      Year: 20

*\* Term must match time period in which most or all of internship is underway.*

Start Date of Internship

End Date of Internship

Number of credits to be earned for this internship

UnPaid

Paid

**DRAFT**

If this is a paid internship, please indicate how you are being paid and how much:

Hourly wage      /hour

Stipend, Commission, Salary or Other (Please explain. Ex. \$350/week)

*\*Note: Unpaid internships, and those paid in any way other than an hourly wage, require an Affiliation Agreement. The School Office will process this additional paperwork. The internship cannot begin until all paperwork is finalized and the intern is registered for the internship.*

## Contact Information

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\*Please note that the e-mail addresses entered here will be used for the Workflow to obtain signatures for the full ILA document, so please ensure that they are exact.

### Student Intern Name

E-mail

Phone Number

Major/Degree

Anticipated Graduation Term

Home Address - Street Address

Home Address - City

State

Zip Code

### Faculty Supervisor Name

E-mail

Title/Department

Office Location

Primary Contact Phone

Office Phone

### Internship Site Supervisor Name

Business/Agency Name

Title

E-mail

Phone Number

Fax Number

Site Mailing Address - Street Address

Site Mailing Address - City

State

Zip Code

Business/Agency Physical Address (if different from mailing address)

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Additional Information

*Attach your completed Objectives and Activities page here.*

This agreement may be terminated for just cause by any of the persons signing this agreement, and each agrees to give a two week notice, where circumstances permit, to all other parties prior to termination.

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### STUDENT INTERN RESPONSIBILITIES:

*As a student seeking credit for an internship experience, I agree to:*

- Obtain approval from my faculty supervisor or the faculty member designated to approve internships in the department granting the credit for the proposed internship and site;
- Satisfy all financial obligations for the internship including tuition and fees;
- Perform to the best of my ability those tasks assigned by my site supervisor which are related to my learning objectives and to the responsibilities of this position;
- Abide by SUNY Cobleskill Student Conduct Code and academic policies, and follow all the rules, regulations and normal requirements of the internship site;
- Complete the academic requirements outlined in this ILA under the guidance of my faculty supervisor;
- Notify the faculty and site supervisors of any changes I need to make to this agreement or of any concerns or problems that may develop during the on-the-job experience;
- Terminate my participation only after discussing my concerns with my faculty supervisor and providing notice, when possible, to the site supervisor;
- Complete both the periodic and final evaluation forms in a timely manner;
- Complete final internship presentation and reporting as arranged with my Faculty Supervisor.

**As a SUNY Cobleskill student planning to participate in a credit bearing internship experience to fulfill the academic requirements for my major:**

- **I understand that I am choosing to fulfill my internship requirement through an in-person internship and accept the associated risk;**
- **I agree to comply with all safety regulations at my internship site including guidance set forth by the Department of Health, which may include wearing PPE/masks at the internship site;**
- **I understand that if I violate the safety policies at my internship site I may be dismissed from the site and/or my program and be subject to a conduct code violation;**
- **I have been offered alternative online projects (remote instruction and not in-person) which would allow me to fulfill my internship requirement;**
- **I understand that if I choose not to complete an in-person internship or I become uncomfortable at the internship site that I can notify the college and receive online projects which will allow me to fulfill my internship requirement.**

Student Intern Signature

Date

**DRAFT**

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**FACULTY SUPERVISOR RESPONSIBILITIES:**

**Academic Criteria:** See the department’s Internship Syllabus/Course Description for specific academic requirements.

*As a Faculty Internship supervisor, I agree to:*

- Keep in contact with the student (a minimum of 3 substantive contacts during internship) to provide guidance, support and evaluation;
- Visit the internship site (if possible) and contact the site supervisor at least four times during the semester to discuss the student’s performance (using the most appropriate means of communication);
- Assess the student’s learning based upon internship duties, a daily journal or log, communication with the site supervisor, the site supervisor’s evaluation, completed activities required by the department including specified hours at the site, and the final student presentation or other assignments. Review online student and site evaluations and communicate appropriately. Submit appropriate paperwork for final credit and grades.

**Faculty Supervisor Signature**

**Date**

*As authorized representatives of the State University of New York, College of Agriculture & Technology at Cobleskill, I approve this entire agreement between listed parties.*

**Department Chair Signature**

**Date**

**Dean Signature**

**Date**

**DRAFT**

**SITE SUPERVISOR RESPONSIBILITIES:**

*SUNY Cobleskill greatly appreciates you hosting our intern. Your role is integral to the student’s internship experience and success.*

*As a site supervisor for this internship, I agree to:*

- Clearly discuss the requirements of the internship with the student intern;
- Work with the student to complete on-site goals, duties and learning objectives;
- Provide ongoing supervision and feedback to the student on his/her performance;
- Communicate with the faculty supervisor and meet with him/her during the site visit;
- Complete both the periodic and final evaluation forms in a timely manner;
- **Affirm that this internship site represents and warrants that it is currently, and for the term of this Agreement will continue to be, in compliance with all applicable laws, regulations, and public directives, including, but not limited to, those issued in times of an emergency, regarding the health and safety of employees, the public, and student interns. Failure to comply with this provision will be considered a material breach of this Agreement.**

**Site Supervisor Signature**

**Date**