

**Pepperdine University**  
**IP Internship/Field Work Agreement**  
*Registration Form*

**A. Registration Information- to be completed by Student**

Student Name \_\_\_\_\_ Phone \_\_\_\_\_ Student ID \_\_\_\_\_  
Address \_\_\_\_\_  
Pepperdine e-mail \_\_\_\_\_  
Major \_\_\_\_\_ Units completed \_\_\_\_\_ Term \_\_\_\_\_

**Course Prefix and Number:** \_\_\_\_\_

**Instructor name** \_\_\_\_\_

**Number of units for which the internship/field work will be taken:** \_\_\_\_\_

(A minimum of 180 hours is required for a 4 unit internships)

**Location of internship/field work:** \_\_\_\_\_ (program)

**B. Employment Information-to be completed by Student & Employer**

Employer Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Supervisor Name \_\_\_\_\_ Title \_\_\_\_\_ Phone \_\_\_\_\_

Email Address \_\_\_\_\_

Start date: \_\_\_\_\_ End date: \_\_\_\_\_ Hours per week: \_\_\_\_\_ Number of weeks \_\_\_\_\_

Schedule: Mon \_\_\_\_\_ Tues \_\_\_\_\_ Wed \_\_\_\_\_ Thurs \_\_\_\_\_ Fri \_\_\_\_\_ Sat \_\_\_\_\_ Sun \_\_\_\_\_

Describe the job responsibilities, tasks, and learning opportunities:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Agreements and Signatures**

**Employer:** I have reviewed this Internship/Field Work Agreement with the student and we have agreed upon the assigned work and learning components appearing above. I agree to provide assistance, training, consultation and periodic review in order to assist the student in meeting his or her goals and primary learning objectives; and provide an orientation to our organization, policies and procedures. I understand that the student must report to the place of business and working from home or in a home-based business does not constitute an internship. I will submit an end of term review of the student's work performance after discussing it with the student.

*Employer signature* \_\_\_\_\_ Date \_\_\_\_\_

**Program Director:**

*Director Signature* \_\_\_\_\_ Date \_\_\_\_\_

**Student:**

*Student Signature* \_\_\_\_\_ Date \_\_\_\_\_

**International Programs Dean:**

*Dean Signature\** \_\_\_\_\_ Date \_\_\_\_\_

\*I acknowledge that the requirements for this class comply with all established University, college, and divisional policies related thereto, including but not limited to the credit hour policy, academic policies, and Seaver student policies and procedures.

# PEPPERDINE UNIVERSITY

## Seaver College Student Intern Responsibilities Agreement

1. I will comply with the employer's rules and regulations; report for work on time; complete assignments competently; maintain a professional attitude and appearance.
2. I will uphold all codes of conduct as stated in all University Publications, including the Seaver College Student Handbook and Academic Catalog; abide by all local, state, and federal rules, laws and regulations.
3. I will contact the instructor as needed, complete the Learning Agreement, Release of Liability and participate in (course name) \_\_\_\_\_.
4. I understand that to be eligible for academic credit an internship must be at a place of business. Home businesses are not eligible, nor is working remotely at my residence. I will immediately inform the instructor if my internship does not meet this requirement.
5. I will take the initiative to discuss my internship experience with my supervisor, and the course instructor.
6. I will record in my journal the major events of the internship. The written reflection will be turned in as assigned by the faculty.
7. I will pose questions and ask for clarity from my employer on specific assignments and projects required.
8. I will immediately notify the instructor if any difficulties are experienced with the site or employer.
9. I will use good safety sense in all aspects of my internship.
10. I will notify the instructor and my supervisor of any health or medical conditions that might affect my placement or performance in the internship.

I will intern for \_\_\_\_\_ hours weekly for \_\_\_\_\_ weeks for a total of \_\_\_\_\_ hours. I have read and understood the student responsibilities outlined above and agree to be bound by them.

### Primary Learning Outcomes

**To be completed by Student and Faculty Internship Sponsor:** please include three learning outcomes developed specifically for the internship site and student's educational goals.

1 \_\_\_\_\_

2 \_\_\_\_\_

3 \_\_\_\_\_

Student's name \_\_\_\_\_ Student I.D. # \_\_\_\_\_

\_\_\_\_\_  
Student's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Faculty Sponsor's Signature

## **Release of Liability**

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

I have chosen to participate in the Seaver College Internship/Field Work Program ("Program"). I understand that the purpose of the Release and Hold Harmless Agreement ("Release") set forth herein is to protect the University and its governing board, agents and employees (collectively the "University") from and against any and all liability which may arise from, or be related to, my participation in the Program.

I acknowledge and understand that there are certain dangers and risks inherent in travel and the activities included in the Program and that the University cannot and does not assume responsibility for losses including, but not limited to, personal injuries or property damage arising therefrom. These risks may include losses regarding travel to and from a destination; the condition of facilities where the Program occurs; criminal activity; the defect of a vehicle or the negligence of Program service providers; sickness, weather, strikes, hostilities, wars, natural disasters, or other such causes; and any disruption of travel arrangements, or any additional expenses that may be incurred therefrom. I acknowledge and understand that the University does not represent, or act as an agent for, the transportation carriers, facilities, or other suppliers of services in connection with the Program.

### **RELEASE AND HOLD HARMLESS AGREEMENT**

Knowing the dangers and risks of such activities, and in consideration of being permitted to participate in the Program, I, on behalf of my family, heirs, and personal representative(s), agree to assume all risks and responsibilities surrounding my participation in the Program and release and forever discharge, waive, and covenant not to sue the University from and against 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 Program.

I agree to hold the University harmless from and against any claim by me or my family arising out of my participation in the Program. I further agree that this Release shall be governed and interpreted in accordance with the laws of the State of California.

**THIS IS A RELEASE OF LEGAL RIGHTS.**

**PLEASE BE CERTAIN YOU UNDERSTAND THIS DOCUMENT BEFORE SIGNING IT.**

For participation in \_\_\_\_\_  
Course Number and Name

\_\_\_\_\_  
Signature of Student Date

\_\_\_\_\_  
Printed Name of Student

**\*Please return these signed forms to the Seaver Dean's Office by the second week of the program.\***