

**School of Integrative Studies
George Mason University
INTERNSHIP SITE APPLICATION**

Please email a LEGIBLE scanned copy of this completed application packet to: Sara Montiel, smontiel@gmu.edu OR DELIVER to the School of Integrative Studies in Enterprise Hall, fourth floor.

Student MUST return application packet prior to the semester deadline set by the Internship Coordinator. See internship website for deadline information.

Student Information (print clearly)

Student Name:		G Number:	
Address:			
Mobile Phone:		Alternative Phone:	
SIS Concentration or GMU Major:		Class Standing:	FR SO JR SR

Internship Information

Agency Name:	
Agency Address:	
Agency Contact:	
Type of Work:	
Semester and Year of Enrollment:	

Credit Hours/On-site Hours (must be a ratio of 45 on-site hours per credit hour). Circle corresponding hours below:

On-site Hours	45	90	135	180	225	270
Credit Hours	1	2	3	4	5	6

How did you learn about this internship?

*Please attach any information you have about the organization or the internship program.

**School of Integrative Studies
George Mason University
Internship Contract**

Student Name:		GMU Email:	
Agency Name:			
Agency Mailing Address:			
Agency Contact:		Position/Title:	
Phone:		Contact Email:	
Agency Website:			

On separate typed pages, please complete and attach the following information:

- Student Learning Objectives and Strategies (1 objective and set of strategies per 1 credit). Refer to pages 4 and 5 of the internship packet for guidelines.
- A brief paragraph discussing what you will be doing at the internship site and the reasons for wanting this internship (no more than 1 page).
- If this internship is at a previous or current place of employment, please explain how your proposed internship work is significantly different from previous and/or current employment activities and responsibilities.

Signing this form affirms that the learning objectives, activities, and hours listed on Contract page are acceptable to the host agency and meet the student’s educational goals. Furthermore, students who are relieved of their internship duties by their agency for poor performance may incur a failing grade and not receive credits.

Student Signature: _____ Date: _____

Agency Supervisor: _____ Date: _____

SIS Internship Coordinator: _____ Date: _____

**GEORGE MASON UNIVERSITY – SCHOOL OF INTEGRATIVE STUDIES
EXPERIENTIAL LEARNING AGREEMENT
GENERAL TERMS AND CONDITIONS**

THIS AGREEMENT (“Agreement”), is by and among [Student’s Name] _____, hereinafter “Student,” [Agency Contact’s Name] _____, hereinafter “Agency,” and George Mason University, an educational institution and agency of the Commonwealth of Virginia, hereinafter “University” or “Mason.” The Term of this Agreement shall extend from the ____ day of _____, 20__ to the ____ day of _____, 20__. (Please note: Internship must end on or before the last day of classes for the semester in which student is enrolled. See university calendar for correct date.)

1. **Term and Termination.** The Agency or the University may terminate this Agreement at any time, without cause.
2. **Definitions.**
 - a. “Agency Supervisor” means an Agency employee, member, or volunteer, who is responsible for monitoring and supervising the Student throughout the Program.
 - b. “Program” means the structured learning experience at Agency, in which Student performs work under the supervision of the Agency Supervisor.
 - c. “Faculty Supervisor” means a Mason faculty member who places and monitors the Student in the Program.
3. **Agency Responsibilities.**
 - a. Agency Supervisor. Agency shall provide Student with an Agency Supervisor. The Agency Supervisor shall monitor and supervise the Student throughout the Program.
 - b. Insurance. Agency shall maintain in for during the Term, general liability and professional liability (if applicable) insurance, insuring itself and its agenda ns employees for their acts, failures to act or negligence, in an amount not less than, \$1,000,000 for each occurrence and \$3,000,000 aggregate. Agency will provide University a Certificate of Insurance ten (10) days prior to the start of performance of this agreement. Continued evidence of insurance shall be provided upon replacement of coverage and at least 15 days prior to each renewal until no longer required by this agreement.
 - c. Compliance with Laws. The Agency shall at all times remain in compliance with all Federal and State laws and regulations, which may affect the Program.
 - d. Disclosure of Known Risks. The Agency shall disclose to Student known risks associated with Student’s placement.
4. **University Responsibilities.**
 - a. University agrees to assign to Agency only those students who shall successfully completed any necessary prerequisite courses.
 - b. University will assign Faculty Supervisor to Student, to monitor the Student throughout the Program.
 - c. The University is responsible to Student for academic supervision and grading.
5. **Student Responsibilities.**
 - a. Registration. Student shall at all times maintain sufficient health, accident, disability and hospitalization insurance for the duration of the Program. Student shall be responsible for any expenses incurred due to injury, illness or damage suffered during the course of the Program.
 - b. Honor Code. Student understands and agrees that he or she is at all times during the Program bound by the George Mason University Honor Code, and that Program activities are subject to the Honor Code.
 - c. Consent Form. Student agrees to sign the consent agreement attached to this Agreement.
6. **General.**
 - a. *Independent Contractors.* The relationship of the Parties to each other is solely that of independent contractors. No party shall be considered an employee, agent, partner or fiduciary of the other except for such purposes as may be specifically provided in this Agreement. Nothing in this Agreement shall be construed to create any partnership or joint venture between the parties.
 - b. *University Liability.* As a state agency, the University is self-insured under the Commonwealth of Virginia Risk Management Plan. This insurance does not cover the operation of Agency vehicles. To the extent provided by the laws of the Commonwealth of Virginia, University shall be responsible for the ordinary negligent acts or omissions of its agents and employees causing injury to another person. Nothing herein shall be deemed a waiver of the sovereign immunity of the Commonwealth of Virginia.

- c. *Nondiscrimination.* The Parties agree not to discriminate on the basis of race, color, religion, national origin, sex, pregnancy, childbirth or related medical conditions, age, marital status, or disability.
- d. *Confidential Information.* No party shall disclose or use any information of a private, confidential or proprietary nature, or any other trade secret, without prior written authorization, except as required by law.
- e. *Federal Employee.* As required by some U.S. Government agencies, Student is not to be considered a federal employee for any purpose other than either of the following:
 - i. *The Federal Tort Claims provisions published in 28 U.S.C. 2671-2680.* Claims arising as a result of student participation should be referred to the Department of Justice.
 - ii. *Title 5 U.S.C. Chapter 81,* relative to compensation for injuries sustained during the performance of work assignment. Claims related to inquiries should be referred to the Office of Workers' Compensation Programs, U.S. Department of Labor for adjudication.
- f. *Amendment to Agreement.* No amendment or modification of this Agreement shall be valid unless in writing and executed by authorized representatives of the Parties.
- g. *Applicable Laws.* This Agreement shall be construed, governed and interpreted pursuant to the laws of the Commonwealth of Virginia. If any provision or part of this Agreement is held to be invalid under such laws, the other provisions or parts of this Agreement will remain in full force and effect. All disputes arising under this contract shall be brought before a court of competent jurisdiction in the Commonwealth of Virginia.
- h. *No Assignment.* No party shall assign or otherwise transfer its rights or delegate its obligations under this Agreement without all Parties' prior written consent. Any attempted assignment, transfer, or delegation without such consent is void. All of the terms and provisions of this Agreement are binding upon and inure to the benefit of the Parties and their successors and assigns.
- i. *Force Majeure.* Neither the University nor the Agency will be responsible for any losses resulting from delay or failure in performance resulting from any cause beyond such Party's control, including without limitation: war, strikes or labor disputes, civil disturbances, fires, natural disasters, and acts of God.
- j. *Final Agreement.* This Agreement is the complete and final agreement between the parties and supersedes all prior oral or written agreements with respect to the subject matter herein.
- k. *Advertising.* Agency shall not use, in its external advertising, marketing programs or promotional efforts, any trademark, mark, data, pictures or other representation of the University except on the specific written authorization in advance by the University.

STUDENT:

Printed Name: _____

Signature: _____

Date: _____

AGENCY:

Printed Name: _____

Signature: _____

Date: _____

GEORGE MASON UNIVERSITY:

Printed Name: _____

Signature: _____

Date: _____

**School of Integrative Studies
George Mason University
EXPERIENTIAL LEARNING
CONSENT AGREEMENT**

Students participating in a for-credit internship must sign this Consent Agreement (whether 18 or not), with parental or guardian approval if the student is under the age of 18, to indicate agreement with the terms and conditions of the Agreement and permission to participate.

Name: _____ Student G#: _____

Undergraduate/Graduate/Law School: _____

I am voluntarily participating in a George Mason University for-credit internship, and I understand that any such internship program involves some element of risk. I agree that in consideration of George Mason University sponsoring this activity and allowing my participation, I (including my parents, guardians, and legal representatives) will release, indemnify, and hold harmless George Mason University, and its Trustees, officers, employees, faculty, agents, successors, and assigns from liability for any and all claims, demands rights or causes of action, present or future, resulting from or arising out of any activity or travel conducted by or under the auspices of the George Mason Univeristy Internship/Externship Program.

I understand that the University requires that all students be covered by appropriate accident and medical insurance and that the student be financially responsible for such expenses. My signature below verifies that I am covered by such insurance.

I HAVE READ AND UNDERSTAND THE ABOVE PROVISIONS AND AGREE TO BE BOUND BY THEM AS INDICATED BY MY SIGNATURE BELOW.

Signature of Participant

Date

Printed Name of Participant

Semester/Academic Year

Signature of Parent or Guardian
(If Student is under the age of 18)

School of Integrative Studies
George Mason University
Internship Application Checklist
(to be submitted with application packet)

ITEM TO DO/TASK	CHECK
You selected the number of hours and credits you wish to take.	
All required sheets are filled out completely (no blanks are left)	
You provided a GMU (not personal) email address on application	
You AND your agency supervisor signed and dated the Internship Contract	
You AND your agency supervisor filled out, signed, and dated the Experiential Learning Agreement	
You filled out and signed the Experiential Learning Consent Agreement (regardless of whether you are 18 or older)	
You turned in a set of learning objectives for EACH credit hour you intend to pursue for internship	
You wrote a brief paragraph, for each learning objective, discussing what you will be doing at the site	
You sent the learning objectives to the Internship instructor listed on Patriot Web	

**Failure to complete this checklist and/or submitting an incomplete internship packet will result in a processing and registration delay.

Student Signature: _____

**School of Integrative Studies
George Mason University
INTERNSHIP SITE ASSESSMENT
(Do NOT submit until completion of internship)**

Please email this completed form to your internship professor. This information will not be shared with the site without your prior approval.

Student Name: _____ G Number: _____

Agency Name:	
Agency Contact Person:	
Type of Work:	

Please rate your internship site using the scale: 5 = excellent and 1 = poor.

1. Effectiveness of on-site internship supervisor.	
Comments:	5 4 3 2 1 N/A
2. My on-site internship supervisor gave me sufficient guidance/feedback.	
Comments:	5 4 3 2 1 N/A
3. I was treated appropriately.	
Comments:	5 4 3 2 1 N/A
4. This internship complemented my curriculum and/or career goals.	
Comments:	5 4 3 2 1 N/A
5. I would recommend this internship to a friend.	
Comments:	5 4 3 2 1 N/A

School of Integrative Studies

George Mason University

Internship Time Sheet

(Do NOT submit until completion of internship)

Please copy this sheet as needed to record all hours at internship site (or download another copy from course Blackboard site). Your on-site supervisor's signature is required in order to receive credit.

DATE	HOURS	SERVICES PROVIDED

Total Hours on site: _____

Student's Signature: _____

Date: _____

Site Supervisor's Signature: _____

Date: _____