



LAIB INTERNSHIP CONTRACT TO BE COMPLETED BY THE EMPLOYER

Name of Firm/ Agency/
Company: _____

Contact Person: _____

Title: _____

Street Address: _____

City: _____ Country: _____

Phone: _____

Email _____
Position Available for
Internship: _____

Description of Duties: _____

Length of Time: [_____] weeks for [_____] hours per week

Total Hours: _____

Dates of Internship: From _____ To _____

The employer agrees to:

- Provide appropriate orientation to student intern regarding duties, responsibilities
- Provide a safe working environment
- Communicate with the student intern in case of problems
- Provide student with a letter upon completion of the internship specifying length of internship, total number of hours worked, and quality of work.

Signature of Supervisor: _____

Date: _____

Title of supervisor: _____



LAIB INTERNSHIP CONTRACT TO BE COMPLETED BY STUDENT INTERN

Student's Name: _____

Date of Birth: _____ Age: _____

Student ID: _____ Classification: (Fr/Soph/Jr/Sr) _____

Major at Clemson: _____ Minor: _____

GPA: _____ GPA in Major: _____

Date of Graduation: _____

School Address: _____

Phone: _____ Email: _____

Home Address: _____

Emergency Phone: _____ Email: _____

Language(s): _____

Level: [] Intermediate
[] Advanced
[] Superior
[] Native

English:

Level: [] Advanced
[] Superior
[] Native

Computer Skills: _____

Other Pertinent Skills: _____

Previous Employment
Experience: _____

The student intern agrees to:

- Abide by Clemson University code of conduct
- Abide by whatever policies/codes of conduct as pertain in place of employment
- Abide by a professional work ethic at all time

Signature of Student Intern: _____

Date: _____



**APPROVAL OF LAIB INTERNSHIP
TO BE COMPLETED BY THE PROGRAM DIRECTOR**

STUDENT INFORMATION

Student's Name: _____

Student ID: _____ Classification: (Fr/Soph/Jr/Sr) _____

Major at Clemson: _____ Minor: _____

GPA: _____

Date of Graduation: _____

Phone: _____ Email: _____

Emergency Phone: _____ Email: _____

INTERNSHIP INFORMATION

Name of Firm/
Agency/ Company: _____

Contact Person: _____

Title: _____

Street Address: _____

City: _____ Country: _____

Signature of LAIB Director: _____

Name of LAIB Director: _____

Date: _____