IOWA STATE UNIVERSITY
Department of Agricultural and Biosystems Engineering
INTERNSHIP WORK AGREEMENT

INSTRUCTIONS:
• This form should be reviewed, filled out, and signed by the student and their supervisor prior to their work assignment.
• The following statements constitute the agreement on which participation in a cooperative education program is based:

RESPONSIBILITIES OF THE STUDENT:
1. Meet all the criteria established to be eligible for the internship or co-op assignment.
2. Register for TSM 397 (coordinator will register you for this class).
3. Abide by all rules and regulations concerning student conduct on and off campus (http://www.dso.iastate.edu/handbook/SDR.pdf)
4. Abide by all rules and regulations of the employer.
5. Be responsible for providing own housing and transportation to and from work.
6. Complete and submit online Employment Information Sheet in CMS, Student Evaluations of Work Form on CMS, a midterm email letting the internship coordinator know how things are going, an internship profile, and the OPAL on-line Self Assessment.
7. Work for the full assigned time agreed upon; a minimum of 400 hours. No changes will be made unless agreed upon by the cooperating organization supervisor and the department of Agricultural and Biosystems Engineering’s Internship Coordinator.
8. Accept the decision(s) of the employer and the department of Agricultural and Biosystems Engineering’s Internship Coordinator should it become necessary, due to unforeseen circumstances, to terminate the work experience prior to the end of the assignment.
9. Contact the Agricultural and Biosystems Engineering’s Internship Coordinator immediately if you experience any problems or have any questions or concerns.

RESPONSIBILITIES OF THE EMPLOYER:
1. Submit a brief description of the job duties and work responsibilities that will be assigned to the student along with this Work Agreement.
2. Provide a variety of meaningful experiences and adequate supervision.
3. Assist the student in developing a plan of activities and objectives related to the work assignment.
4. Provide student with company policy and safety rules that apply to health and safety at the facility.
5. Assure that adequate time is available during normal working hours for the company supervisor and student to conduct consultation, conferences, instruction and feedback.
6. Agree to retain the student for the period in which he/she is placed (a minimum of 400 hours), providing that performance is satisfactory.
7. Establish the financial arrangement, pay period, benefits, etc. with student before the beginning of employment.
8. Provide assistance regarding information of housing and living in the off campus community.
9. Reimburse the student for any work-related travel or expenses incurred other than to and from work.
10. Allow on-the-job visits (by appointment) by a department representative during the work assignment.
11. Complete an online survey at the end of internship assignment through OPAL. (Information and instruction will be emailed to you)
12. Discuss the beginning and ending date with the student: Beginning date: __________; Ending date: __________.

RESPONSIBILITIES OF THE COORDINATOR:
1. Orient student and employer to all rules, regulations, requirements, and procedures involved with the program.
2. Provide consultation and coordination service to the participants in the experiential program.
3. Approve the student’s work objectives, activities and experiences for the work assignment.
4. Provide student and employer with all necessary forms and evaluations.
5. Arrange appointments for on-the-job visits with the student and the job supervisor if necessary.
6. Maintain records of all visits, communications and written appraisals that will document the student’s progress.
7. Assign a pass or failing grade based upon completion of planned objectives, online Employment Information Sheet in CMS, Student Evaluations of Work Form on CMS, an internship profile, and the OPAL on-line Self Assessment.
8. Coordinate ongoing evaluations of organizations to ascertain continued suitability as field instruction sites for the program.

PARTICIPANT SIGNATURES
As a student in the department of Agricultural and Biosystems Engineering at ISU, I understand this agreement
________________________________________________________________________
Name (Print)                                                                                     (Company/Organization)
________________________________________________________________________
______________________________________________   _________________________________________________
Semester     Course #           Credit #  Title
________________________________________________________________________
Signature     Date  Mailing Address / Zip Code
________________________________________________________________________
As a representative of Agricultural and Biosystems Engineering, I understand and accept this agreement.
________________________________________________________________________
Name (Print)                                                                                     Telephone Number
________________________________________________________________________
Email address                                                                                     Fax Number
Name of Coordinator                                                                

As a sponsor or representative of ______________________, I understand and accept this agreement.
________________________________________________________________________
Name (Print)                                                                                     _________________________________________________
Telephone Number   Fax Number

Tamara Kerns, Internship Coordinator