INTERNERNSHIP APPLICATION CHECKLIST

Deadline: The Last Day to ADD/DROP Classes by 2:00pm

Step One:
- Complete all parts of the Application
  - Only typed applications will be accepted.
  - Student and employer must hand sign and initial the bottom of the application before submitting or the form will be returned.
  - Provide job description from the employer.

Step Two:
- Turn in completed application to School of Business Career Services, Enterprise Hall, Room 038

  Note: Applications will be reviewed by School of Business Career Services and all complete applications will be given to the Faculty Instructor for final approval.

Step Three:
- Allow at least 48 business hours for your application to be processed. The Faculty Instructor will contact you with the course information and registration instructions.

  Note: If your employer requires an earlier approval please let our office know when you turn in your application.
Internship Application

Student Information
1. Name of Applicant: ____________________________________________________
2. G#: ___________________________
3. Internship course applying for: □ BUS 492  □ Accounting 492
4. Semester Participating: □ Fall  □ Spring  □ Summer
5. Major: □ Accounting  □ ISOM  □ Finance  □ Management  □ Marketing
6. GPA: _____________
7. Anticipated Graduation Date: _________________________
8. Number of Credit Hours Completed As of Today: ________________________
9. Phone Number: ______________________________
10. Email Address: ______________________________

Internship Site Information
1. Internship Site (Company Name): _________________________________________
2. Internship Title: _______________________________________________________
3. Company Supervisor: __________________________________________________
4. Supervisor’s Contact Information: _______________________________________
5. The internship will be completed during the □ Fall  □ Spring  □ Summer semester of ______ on (Days of the week) _________________________ from (Time of day) __________.
   Salary if one is provided (per hour) $__________________________

Student Questions
1. How did you find your internship? ________________________________________
2. How did you hear about SOM/ACCT 492? _________________________________
3. What is your reason for taking SOM/ACCT 492? ____________________________
4. Is this a New internship or are you Continuing a current internship? □ New  □ Continuing
   a. If you are Continuing an internship please attach your previous learning objectives to be compared to your prior objectives and duties.
Learning Objectives

Please provide an attached copy of your job description as well as five or more learning objectives to be completed during your internship.

1. Accomplished the following objectives (Define five or more learning objectives):
   a. _____________________________________________________________________
   b. _____________________________________________________________________
   c. _____________________________________________________________________
   d. _____________________________________________________________________
   e. _____________________________________________________________________

2. Purpose of the Internship as it relates to your Major.
   _______________________________________________________________________
   _______________________________________________________________________
   _______________________________________________________________________
   _______________________________________________________________________
   _______________________________________________________________________

3. Activities and Responsibilities of the Intern
   _______________________________________________________________________
   _______________________________________________________________________
   _______________________________________________________________________
   _______________________________________________________________________ 

Student Certification

I hereby certify that all information provided is correct to the best of my knowledge. I understand the requirements necessary for participation in the SOM 492 Internship course. I understand that I am responsible for completing the course requirements listed in the course syllabus and completing the minimum number of hours at my internship site to receive credit for this course.

Student Signature: ________________________________ Date: ______________
GEORGE MASON UNIVERSITY
EXPERIENTIAL LEARNING AGREEMENT

THIS EXPERIENTIAL LEARNING AGREEMENT (“Agreement”), dated this _____ day of __________, 20__ (the “Effective Date”), is made by and among

__________________________________  (“Student”),

__________________________________  (“Site”),

and George Mason University (“University”) (together, the “Parties”). The purpose of this Agreement is to place Student in a work assignment with the Site, as part of an experiential course of study, offered by the University for Academic Credit.

Description of Academic Experience:

Site: ______________________________  Site Supervisor: _______________________

Address: ___________________________  Title: ________________________________

__________________________________  E-mail: ______________________________

__________________________________  Telephone: _________________________

Faculty Supervisor: To be determined by the University

Start Date and End Date: (dates must fall within the academic semester when the student is completing the experience)

Description of Student Responsibilities for the course: See Student Application

Learning Objectives: See Student Application

The following documents are attached and are incorporated by reference:

Attachment A: Syllabus

Attachment B: General Terms and Conditions

Attachment C: Consent Agreement

The Student, the Site, and the University agree with the above terms, and with the terms and conditions on Attachments A and B.

Student: ___________________________  Date:________________________

Site: _______________________________  Date:________________________

University: _________________________  Date:_____________________

Initials: Student ________ Site______ George Mason University ______
SYLLABUS

The course syllabus will be provided once the student is registered for the course.
EXPERIENTIAL LEARNING AGREEMENT

GENERAL TERMS AND CONDITIONS

1. **Term and Termination** The Site or the University may terminate this Agreement at any time without cause, provided that any student currently engaged in the Program at Site shall be given the opportunity to complete the Program, unless the release is related to poor performance.

2. **Definitions.**
   a. “Site Supervisor” means a Site employee, member, or volunteer, who is responsible for monitoring and supervising the Student throughout the Program.
   b. “Program” means the structured learning experience at Site, in which Student performs work under the supervision of the Site Supervisor.
   c. “Faculty Supervisor” means a George Mason University faculty member who places and monitors the Student in the Program.

3. **Site Responsibilities.**
   a. **Site Supervisor.** Site shall provide Student with a Site Supervisor. The Site Supervisor shall monitor and supervise the Student throughout the Program.
   b. **Insurance.** Site shall maintain in force during the Term, general and professional liability insurance, insuring itself and its agents and employees for their acts, failures to act or negligence, in an amount not less than $1,000,000 for each occurrence and $2,000,000 aggregate. Site agrees to advise the University of any changes in this insurance coverage. Site 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 Site shall at all times remain in compliance with all Federal and State laws and regulations, which may affect the Program.
   d. Consent Form. Student agrees to sign the consent agreement attached as Attachment C.
   e. Student understands that he or she is at all times subject to the Catalog and University Policy.
   f. **Disclosure of Known Risks.** The Site shall disclose to Student known risks associated with Student’s placement.

4. **University Responsibilities.**
   a. University agrees to assign to Site only those students who shall have 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 must register and pay tuition for the course prior to the commencement of the Program.
   b. **Insurance.** 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.
   c. **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.
   d. **Consent Form.** Student agrees to sign the consent agreement attached as Attachment C.
   e. Student understands that he or she is at all times subject to the Catalog and University Policy.
   f. **Disclosure of Known Risks.** Student shall ensure that Site discloses to Student and Student is aware of known risks associated with participation in the Program.
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. Both parties to this Agreement agree to not discriminate on any basis prohibited under state or federal law.

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.

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:

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.

Title 5 U.S.C. Chapter 81, relative to compensation for injuries sustained during the performance of work assignments. Claims related to injuries should be referred to the Office of Workers’ Compensation Programs, U.S. Department of Labor for adjudication.

Amendment to Agreement. No amendment or modification of this Agreement shall be valid unless in writing and executed by authorized representatives of the Parties.

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.

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.

Force Majeure. Neither the University nor the Site 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.

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.

Advertising. Site 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.
GEORGE MASON UNIVERSITY
EXPERIENTIAL LEARNING
CONSENT AGREEMENT

Students participating in a for-credit internship must sign this Consent Agreement, 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 ID: ___________________________

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 University 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)