

# SNHU Career Development Center

## Internship Policies and Code of Ethics Agreement

*Your initials and signature at the bottom of this form indicate you understand the following details as they are outlined below and agree to the requirements listed.*

1. I understand that The SNHU Internship Policies and Code of Ethics apply towards my behavior during any internship assignment. Initial \_\_\_\_\_
2. I understand that permissible work absences include illness or other serious circumstances. I will be responsible to notify the employer and the CDC in case of absence. Initial \_\_\_\_\_
3. I understand that any changes in my internship status (layoff, cutback in hours, or dismissal) must be reported immediately to the CDC. Initial \_\_\_\_\_
4. I am responsible to behave in a professional manner and to hold in professional confidence any information gained regarding the employing organization.  
Initial \_\_\_\_\_
5. If I feel victimized by a work-related incident (e.g. job misrepresentation, unethical activities, sexual harassment, discrimination, etc.), I will contact the CDC Director immediately. Initial \_\_\_\_\_
6. I understand that due to the nature of an Internship arrangement, I may not withdraw from a placement except in severe and justifiable circumstances as determined by the CDC Director in consultation with the cooperating employer. A dishonorable dismissal will nullify the internship arrangement at the risk of academic penalty and loss of tuition. Initial \_\_\_\_\_
7. I am aware of all applicable personal medical needs and have consulted with a medical doctor with regard to them. I have secured health insurance coverage to meet any and all needs for payment of medical costs while I participate in the Internship Program. I assume all risk and responsibility for my medical or medication needs and the cost thereof. Initial \_\_\_\_\_
8. I have provided, and will continue to provide SNHU with all medical data and any other personal information necessary for a safe and healthy internship experience. There are no physical or mental health-related reasons or problems that preclude or restrict my participation in the Internship Program. I assume full responsibility for any undisclosed physical, mental or emotional problems that might impair my ability to complete the internship experience. Initial \_\_\_\_\_
9. I understand that the CDC Director may take actions he/she considers to be warranted under the circumstances to protect my health and safety and/or to guard the integrity of the Internship Program, including termination of the internship experience.  
Initial \_\_\_\_\_
10. I will respond to internship offers in the time frame specified by the internship site. After accepting one offer, I will not continue searching for other internships or accept other offers. Initial \_\_\_\_\_
11. I will not change my internship work schedule, including credit hours or contracted hours, without obtaining permission from my site supervisor and CDC Director.  
Initial \_\_\_\_\_

12. I will maintain satisfactory job performance and follow all policies of my employer. If I fail to do so, I may be terminated from the internship. Initial \_\_\_\_\_
13. I will maintain satisfactory academic performance at SNHU and complete all academic requirements associated with the internship. Initial \_\_\_\_\_
14. I authorize investigation of all statements contained in my resume. I understand that misrepresentation or omission of facts shall be sufficient cause for termination of the internship. Initial \_\_\_\_\_
15. I understand my internship may be contingent on a physical exam, immunization confirmation, drug screening and/or background investigation. I understand that in some instances if a background check turns up even minor traffic violations, it may prevent me from qualifying for an internship. Initial \_\_\_\_\_
16. I understand that I may be required to provide evidence of my ability to work in the U.S. Initial \_\_\_\_\_
17. I understand that my employment as an intern is part of an educational program, and I am not entitled to unemployment benefits. Initial \_\_\_\_\_
18. I will comply with the SNHU Internship Program Guidelines and Policies. Initial \_\_\_\_\_
19. I will conform to the professional standards of the internship site and will employ high standards of ethical behavior at all times during the internship. Initial \_\_\_\_\_
20. I agree to release to the internship site any necessary information that would enable the internship site to provide reasonable accommodations for my participation in an internship experience if I have a documented disability or limitation. Initial \_\_\_\_\_

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Student Signature

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Date

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