



Southern New Hampshire University

Student Internship Agreement

(This is a release. Please read carefully.)

Students must submit this completed form to the Career Development Center before registering for credit.

I, _____, am a student at SNHU and plan to undertake an
(Student name – please print)

internship during: •• Fall •• Spring •• Summer, 20_____ at the following location:

(Internship Site)

(city/state/country)

Southern New Hampshire University itself does not control the way in which the internship work experience and the internship site is structured or operates. In granting academic credit for this internship, the University affirms that, to the best of its judgment, the experience is an appropriate curricular option for students in a designated program of study and worthy of SNHU credit but makes no other assurances, expressed or implied, about any travel or living arrangements the student has made.

Insurance Coverage

I have sufficient health, accident, disability and hospitalization insurance to cover me during my internship; I further understand that I am responsible for the costs of such insurance and for the expenses not covered by this insurance, and I recognize that SNHU does not have an obligation to provide me with such insurance.

I assume full responsibility for any undisclosed physical or emotional problems that might impair my ability to complete the experience, and I release SNHU from any liability for injury to myself or damage to or loss of my possessions.

I understand that if I use my personal vehicle for the benefit of the agency with which I perform my internship, SNHU has no liability for personal injury or property damage that may result from that use. I agree to rely solely on my personal vehicle insurance coverage and on any insurance coverage provided by my internship agency.

I understand that I will not be entitled to unemployment compensation benefits upon completion of my internship. Further, I understand that SNHU assumes no liability for personal injury that I may suffer in the course of my internship and agree to be responsible for ascertaining whether my internship agency provides workers compensation coverage for me.

Personal Conduct

I understand that the responsibilities and circumstances of an off-campus internship may require a standard of professional decorum. Therefore, I indicate my willingness to understand and conform to the professional standards of the internship site as well as to the terms of the SNHU Internship Code of Ethics. I further understand that it is important to the success of the present internship and the continuance of future internships that interns observe standards of conduct that would not compromise SNHU in the eyes of individuals and organizations with which it has dealings, and I acknowledge the CDC Director's responsibility for setting rules and interpreting conduct for this purpose. I agree that should the CDC Director or Site Supervisor decide that I must be terminated from my internship because of conduct that might bring the program into disrepute, or the internship into jeopardy, or violates the SNHU Internship Code of Ethics, that decision will be final and may result in the loss of academic credit.

General Release

I understand that SNHU reserves the right to make cancellations, changes or substitutions in cases of emergency or changed conditions or in the general interest of the internship program. I understand that the CDC Director may take any 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.

It is further expressly agreed that the internship site and its use of any and all facilities shall be undertaken by me at my sole risk and that SNHU shall not be liable for any and all claims, demands, injuries, damages, actions, or causes of actions, whatsoever to me or to my property arising out of or connected with the internship and with the use of any and all services, or facilities associated with the internship, whether or not sponsored by SNHU. I release, discharge and covenant not to sue SNHU, its governing board, employees or agents as to any and all liability that may arise out of injury or harm to me, death, or property damage, resulting from my participation in this internship, excepting only liability due to the negligence or willful misconduct of the University.

Student Signature: _____ Age: _____ Date: _____