

Sudent Internship Work Contract

Please follow the steps listed below to complete the required work contract.

Student completes the student information section and provides signature.

Contact your internship instructor to discuss internship site, course requirements, and obtain signature. Return completed form to the CTE/ Student Job Services office via email, fax, or in person to recieve permission to register. Register and pay for the internship course by the College's published deadline for the term.

Name:			Department:		
Email:			Phone:		
Student Information (To be completed by student)					
Internship Term:	Fall	Spring	Summer	Year:	
Name:				Student I.D.:	
E-mail:				Phone:	
Program of Study:				Completion Date:	
Internship Company	:				
Internship Supervisor:					
Student Disclaimer and Signature					
I certify that my an	swers are true	and complete to tl	he best of my knowled	lge.	
and provide my en	nployer with hi	gh quality work pe	erformance. I am awar	aternship. I will adhere to the agreed upon work uej gf wrg re of the compensation arrangement that has been made that I am not entitled to a job upon the completion of the	
assigns forever disc causes of action, cl	charge Pensaco aims, charges,	ola State College, demands, compla	the employees thereof	company listed herein, myself, heirs, "cf o lpkmtcvqtu"cpf, and the State of Florida, "from any and all actions, costs, loss of services, expenses and compensation	
Student Signature:				Date:	
Instructor Signature:				Date:	
Dl					

Please submit the completed form. If you have any questions about the form or Internships, please contact CTE/Student Job Services at 850-484-1654 or studentjobservices@pensacolastate.edu

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