Robert Morris University
Academic Internship Program
Mutual Letter of Agreement

Robert Morris University is pleased to partner with students and employers in providing meaningful learning experiences. As such, the RMU Academic Internship Program, a for-credit experience, requires that the employer, student and college agree to arrangements noted in this Mutual Letter of Agreement.

Employer:____

Student:____

Semester:_____________________________________ Year:__________

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Employer Agreement

- The employer guarantees that the student will not displace a regular employee.
- The employer will provide an orientation session to the internship assignment.
- The employer agrees to engage the student for the duration of the program.
- The employer will provide periodic evaluations of the student's performance and learning.
- The employer will provide adequate training and supervision, and appropriate, progressive work activities.

Student Agreement

- The student agrees to perform assigned duties and responsibilities in a professional manner.
- The student agrees to secure transportation to the employer site.
- The student is responsible for completing all academic assignments and the minimum number of work hours as required for the number of credits being sought.
- The student is responsible for notifying the Faculty Advisor of any issues affecting the internship.

University Agreement

- The RMU Faculty Advisor will monitor student progress, provide a syllabus and appropriate course information to the student, and assign a grade.
- The RMU Faculty Advisor will provide the employer with a syllabus, appropriate course information, and will contact or visit the employer to evaluate student progress.

Program Duration

- The internship assignment will be for _________ weeks for a minimum of _______ contact hours per week for the _____________ semester/term.
- Actual start date:________________________________

Student Signature:_____________________________________ Date:_____________

Employer Signature:___________________________________ Date:_____________

Faculty Advisor Signature:______________________________ Date:_____________