



Appendix C

MUSKEGON COMMUNITY COLLEGE  
Student Internship Agreement

I, \_\_\_\_\_, agree to work with \_\_\_\_\_  
Student's Name (Please print clearly) Name of Company  
 in accordance with the regulations and policies of Muskegon Community College, Muskegon, Michigan. I have accepted, if any, the wages of \$\_\_\_\_\_ per \_\_\_\_\_ for this internship. I understand that I am to continue on this internship assignment until it is terminated as agreed upon indicated by the ending date in this agreement. Credit will only be given for satisfactory service to the employer and full compliance with the Muskegon Community College requirements.

Additionally, I authorize the College to release my MCC student transcript record, resume and application information to any prospective employer. Further, I understand that Muskegon Community College or the company where I intern does not guarantee me employment upon completion of my internship experience.

Internship Site \_\_\_\_\_ Student \_\_\_\_\_  
 Street Address \_\_\_\_\_ Street Address \_\_\_\_\_  
 City/State/Zip \_\_\_\_\_ City/State/Zip \_\_\_\_\_  
 Site Supervisor \_\_\_\_\_ MCC Student Number \_\_\_\_\_  
 Supervisor's Title \_\_\_\_\_ Phone \_\_\_\_\_  
 Phone \_\_\_\_\_  
 Your Job Title \_\_\_\_\_ MCC Degree Program \_\_\_\_\_  
 Course Number \_\_\_\_\_ 290 CI \_\_\_\_\_ Credit Hours 1 2 3 4  
 Faculty Intern Coordinator: \_\_\_\_\_ Department: \_\_\_\_\_  
 Internship Beginning Date: \_\_\_\_\_ Ending Date: \_\_\_\_\_  
 Number of weeks: \_\_\_\_\_ Number of hours: \_\_\_\_\_ Shift (Circle) 1 2 3

DAYS	TIMES		COMMENTS
	From	To	
Sunday			
Monday			
Tuesday			
Wednesday			
Thursday			
Friday			
Saturday			

I understand and agree to the terms and regulations of the Internship Agreement. Further, the information I have supplied is accurate and complete.

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Student's Signature Date

Original: Internship Coordinator  
 Copies: Faculty Intern Coordinator, Employer, Student