INTERNSHIP AGREEMENT

ARTS 493: Studio Practicum, UNC Department of Art

# Parties

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| University of North Carolina at Chapel Hill (UNC), Department of Art |
| Faculty Advisor: |
| Sponsoring Organization:  |
| Address: |
| Organization Supervisor: | Phone | Email |
| Intern:  | Phone | Email |
| Address | UNC PID |

# Basic understanding

1. The Sponsoring Organization has agreed to offer the Intern an unpaid internship through UNC for the purpose of assisting the Intern to obtain career-related learning experience.
2. The student will enroll in ARTS 493 and receive up to 3 credit hours upon successful completion of the requirements set forth in the syllabus (attached) and this agreement. The grade awarded is at the discretion of the Faculty sponsor based on feedback from both the intern and sponsoring organization.
3. The Intern has accepted this offer from UNC and the Sponsoring Organization on the terms set out in this agreement.
4. This internship complies with Federal criteria governing unpaid internships:
5. The internship, even though it includes actual operation of the facilities of the employer, is similar to training which would be given in an educational environment.
6. The internship experience is for the benefit of the intern.
7. The intern does not displace regular employees, but works under close supervision of existing staff.
8. The employer that provides the training derives no immediate advantage from the activities of the intern; and on occasion its operations may actually be impeded.
9. The intern is not necessarily entitled to a job at the conclusion of the internship.
10. The employer and the intern understand that the intern is not entitled to wages for the time spent in the internship.

# Agreement

**THIS AGREEMENT WITNESSES** that in consideration of, among other things, the mutual promises contained in this Agreement, the parties agree:

## Term of the Internship

1. The Internship will coincide with the first and last days of classes according to the UNC academic calendar for the current semester.
This internship will commence on \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ and end on \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.
2. The Internship may not be extended beyond the cessation date except by further Agreement in writing executed by the Parties.

## Time commitment

1. The Intern will spend a minimum of 3 hours per credit hour each week for the duration of the semester (15 weeks) on the internship. For an internship that awards 3 credit hours, this would amount to a minimum of 9 hours per week of work in the internship.
2. The Intern must have a minimum of 750 minutes of direct contact allocated between the faculty advisor and organizational supervisor (approximately 45 minutes per week). Regular (minimum bi-weekly) contact with the faculty sponsor is required. This can be in the form of face-to face meetings and/or electronic communication (blog or email). Please describe the specific plan for meeting the minimum 750 minutes of direct contact:

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| --- |
| **Plan for interaction**  |

## Description of the Learning Experience:

Please describe the specific activities and obligations to be undertaken by the Intern and the learning/experience objectives that these activities provide:

|  |  |
| --- | --- |
| Activity/Obligation | Learning Objective |
| 1 |  |
| 2 |  |
| 3 |  |
| 4 |  |
| 5 |  |

(Insert additional rows or attach additional sheet if needed)

## Assessment:

In addition to maintaining regular communication with the Faculty member, the following items must be provided to the Faculty sponsor for the purposes of assessment:

1. Documentation of hours spent (can be a weekly blog or email check-in)
2. A Self-assessment/reflection on the learning experience from the Intern at the end of the Term
3. A report on the Intern’s work from the Sponsoring Organization at the conclusion of the Term.

**Executed** as an agreement.

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|  |  |
| Signature of Intern | Date |
| Name of Intern in full (Please type or print) |  |

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|  |  |
| Signature of Sponsoring Organization supervisor | Date  |
| Name in full (Please type or print) |

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|  |  |
| Signature of UNC advisor | Date  |
| Name of UNC advisor in full (Please type or print) |  |

## Departmental Approval:

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| --- | --- |
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| Signature of Department Director of Undergraduate Studies (or Department Chair if the DUS is the Faculty sponsor) | Date  |
| Name in full (Please type or print) |  |