

INTERNSHIP AGREEMENT

This Internship Agreement is entered into by the _____,
hereinafter “Agency,” _____, hereinafter “Intern,” and the University of Guam.

This agreement is effective from _____ to _____. This date will also serve as the
internship period.

WHEREAS, the Public Administration and Legal Studies Internship Program, hereinafter, the “Course,” is
designed to provide practical field experience to students in SBPA Graduate Programs; and

WHEREAS, students enrolled in the Course will serve as interns in designated agencies; and

WHEREAS, internships may be paid or unpaid; and

WHEREAS, internships are also intended to benefit participating agencies by affording interns the
opportunity to contribute to the mission of the agencies by applying academic skills and knowledge in
performing assignments; and

WHEREAS, the Parties herein undertake this endeavor in the spirit of partnership and are dedicated to
academic excellence and excellence in government and are further committed to giving their best efforts to
ensure the success of the internship; and

WHEREAS, the Instructor is responsible for administering the Course through this agreement;

NOW, THEREFORE, the Parties agree as follows:

Instructor agrees to:

1. Ensure the quality, expectations and collaboration of all parties involved.
2. Exercise best efforts to facilitate the success of the internship.

Agency agrees to:

1. Provide Intern with sufficient work hours per week for a total of One Hundred Eighty (180) hours for the duration of the internship.
2. Assign an Agency Internship Coordinator to coordinate with Instructor on the placement of Intern and other administrative matters.
3. Develop within ten (10) days of the start of the internship, an internship work plan and performance standards for Intern, and discuss them with Intern and Instructor;
4. Assign an Agency Internship Representative that will provide management level supervision, advisement, and periodic performance assessment for Intern and, when necessary, correspond with the Instructor on Internship related matters;
5. Provide a final written performance evaluation for the Intern and discuss the results with Intern and, if necessary, with the Instructor; and
6. Recommend, if applicable, to Instructor ways of improving the effectiveness of the internship program.

Intern agrees to:

1. Work at the agency at sufficient work hours per week for a total of One Hundred Eighty (180) hours for the duration of the internship.
2. Adhere to other requirements set for the Course as outlined in the Course Syllabus;
3. Abide by internship standards set by the Agency, including preserving confidentiality of privileged communications or other information specified by the Agency;



4. Submit to Instructor, within five (5) days of commencement of internship, a work schedule approved by the Agency, and immediately inform Instructor of any changes in the schedule;
5. Meet and confer with Instructor on the dates and times designated by Instructor;
6. Meet and confer with supervisor on the dates and times designated by supervisor;
7. Maintain an Internship Journal
8. Final Paper
9. Final Presentation
10. Undertake internship duties and responsibilities with the highest ethical standards.
11. Represent the School of Business and Public Administration with the utmost Professionalism.
12. Provide timely written notice to the Agency and Instructor prior to withdrawing from the Course.
13. Waive all rights to sue or recover any claims against the University of Guam, the "Agency," the GOVERNMENT OF GUAM / U.S. GOVERNMENT, and their employees and agents, relating to any accident, injury or damage of any kind, arising in the course of the internship training as described in this agreement. Intern expressly reserves all rights and claims as to all others. This waive shall be binding on Intern's heirs, assigns and legal representatives.

INTERN INFORMATION

Intern Name: _____
 Degree Major/Concentration(s): _____
 Email: _____ Phone: _____
 Semester which internship will take place: Fall 20____ Winter 20____ Spring 20____ Summer 20____

AGENCY INFORMATION

Agency Name: _____ Department: _____
 Supervisor Name: _____ Title: _____
 Email: _____ Phone: _____
 Agency / Organization Type: ____ For Profit ____ Not For Profit ____ Government
 Internship: ____ Paid ____ Non-Paid

AGREED to by the Parties as indicated below.

AGENCY:

Signature: _____ Date: _____
 Agency Representative – Print and Sign

INTERN:

Signature: _____ Date: _____
 Name of Intern – Print and Sign

INSTRUCTOR:

Signature: _____ Date: _____
 Name of SBPA Instructor – Print and Sign

DEAN:

Signature: _____ Date: _____
 Name of SBPA Dean – Print and Sign