Below are documents that have been approved by the Texas State University System General Counsel. All documents are to be included in the internship and/or co-op packets distributed to students and employers.

**Student information:**

- Guidelines for Receiving Internship Credit
- Pre-Screening Form
- Learning Agreement
- Student Waiver of Liability

**Employer information:**

- Learning Agreement
- Employer Waiver of Liability (Unpaid, For Profit only)

All academic departments participating in service learning initiatives must provide the following:

- Community Partnership Agreement Letter **
- Student Waiver of Liability**

**Classroom trips supervised by a Lamar University faculty or staff member are exempt from the service learning documents.**

Following the steps below will ensure that all internships, co-ops and service learning packets, as well as opportunities posted through our site, have been reviewed and approved.

**Step 1.** Documents must be put on website through The Career and Testing Center.
**Step 2.** The completed packet must be approved by the Career and Testing Center.
**Step 3.** All unresolved issues will be sent and approved through the Senior Associate Provost for review and decisions.
**Step 4.** All internships, service learning and co-ops must be registered through Cardinal Connect for university tracking.

Teresa Simpson  
Date  
Director, Career and Testing Center

Steve Doblin  
Date  
Provost and VP Academic Affairs

Deidra Mayer  
Date  
Associate Director, Career Services

All questions are to be directed to Deidra Mayer, Associate Director for Career Services in the Career and Testing Center at Deidra.Mayer@lamar.edu or call at 409-880-8871.

For more information on legal questions surrounding paid or unpaid internships:
Student's Waiver of Liability

Lamar University does not provide health or liability insurance coverage for Internship Students. If health and/or liability insurance coverage are required by the participating business it is the responsibility of the student to provide documentation of coverage.

I, ________________________________, (student name) in consideration of being permitted to participate in this internship and recognizing the current educational and potential career value and professional experience that I will reap from it. I, on my own behalf of my heirs and estate or any other person claiming through me, hereby voluntarily waive, release, and hold harmless Lamar University, the Texas State University System, their regents, employees, instructors, volunteers, and agents [the released parties] from any loss, claim, liability, or damage arising out of the Internship Program. I intend this waiver to include any and all losses I may suffer including personal injury, property damage or death. I voluntarily intend this waiver to be broadly interpreted in favor of the released parties. Further, I intend hereby to waive any and all claims I may have that result from the ordinary negligence of the Released Parties.

I fully understand that by signing this form, I am

a). giving up legal rights and/or remedies, that may be available to me for the ordinary negligence of Lamar University or any of the parties listed above; and

b). accepting and assuming all personal and property risks inherent to the activities of said course(s).

________________________________________________________________________
Student

________________________________________________________________________
Date
Employer's Waiver of Liability

Lamar University does not provide health or liability insurance coverage for Internship Students. If health and/or liability insurance coverage are required by the participating business it is the responsibility of the student to provide documentation of coverage.

The Employer, ______________________ (business name), in consideration of being permitted to participate in this internship and recognizing the value that business owner will reap from having access to an unpaid intern, providing their labor, will reap from it, hereby agrees not-to-sue Lamar University, the Texas State University System, their regents, employees, instructors, volunteers, and agents [the released parties] and to hold the Released Parties harmless and free from any loss, claim, liability, or damage arising out of the Internship Program pertaining to any and all actions undertaken by ______________________ (student name) while participating in the Internship. Employer voluntarily waives any and all claims resulting from ordinary negligence, on the part of the Released Parties.

The Employer fully understands that by signing this form, the Employer is:

a). giving up legal rights and/or remedies, that may be available to the Employer for the ordinary negligence of Lamar University or any of the parties listed above; and

b). accepting and assuming all personal and property risks inherent to the activities of said course(s).

_________________________  ____________________
Authorized Signature of Employer          Date
Lamar University
Pre-Screening Form

Please be sure to read and complete all parts of the form.

The purpose of this form is to assist all parties with understanding information needed prior to formal commitment to an Internship. The form should be completed by the student and submitted to the Career and Testing Center.

Part 1: Student Information

Name ____________________________  Major ____________________________

Address ____________________________  Telephone ____________________________

__________________________________  Email ____________________________

GPA: ____________________________  Classification ____________________________

During which term and academic year will you be doing the Internship? ____________________________

During which term and academic year will you be enrolling for academic credit? ____________________________

Part 2: Employer Information

Organization ____________________________

Address ____________________________

Supervisor ____________________________  Title ____________________________

Email ____________________________  Phone ____________________________

Part 3: Job Description

Please attach a copy of your job description to this agreement.

Part 4: Project Description

Please attach a detailed description of your project to this agreement.

I hereby request an Internship as described in Parts 2, 3, and 4 above:

Student Signature ____________________________  Faculty Coordinator Signature ____________________________

Date ____________________________  Date ____________________________
Lamar University
Learning Agreement

Please be sure to read and complete all parts of the agreement.

Student Name ___________________________  Major ___________________________
Employer Name ___________________________  Supervisor ___________________________

The purpose of this agreement is to assist all parties with understanding mutual obligations involved in the Internship program for academic credit. Within the guidelines and provisions below, the parties hereby agree to the following:

1. Student Obligations
   1.1 Student shall attend a mandatory Internship Orientation prior to enrollment for academic credit. Student agrees to complete all forms required at the Orientation.
   1.2 Student must meet with the Faculty Internship Coordinator once Internship is secured.
   1.3 Upon accepting an Internship, the student is expected to fulfill the work experience. This means completing all reports, projects, and proposals by the deadline given by Faculty Internship Coordinator.
   1.4 Please see attached General Guidelines for class details for student criteria and responsibilities specific to this Internship program.
   1.5 Student should be covered by his/her own insurance or by Employer’s insurance.
   1.6 Student agrees to the terms listed in the attached Student’s Waiver of Liability.
   1.7 Student agrees to complete a brief evaluation at the completion of the Internship.

2. Employer Obligations
   2.1 Employer shall provide Student with a full-time supervisor who will guide, mentor, monitor, and advise Student throughout the Internship process.
   2.2 Employer is to provide Student with real “hands on” career-related work experience and give training sufficient enough so that Student has every opportunity to successfully perform his/her duties. Please do not expect Student to perform minor tasks or tasks others wish to avoid.
   2.3 Supervisor will be expected to complete a brief evaluation at the completion of the Internship, which will be used to determine Student’s final grade.
   2.4 Supervisor shall agree to serve as a role model and to contribute his/her experience, knowledge, and leadership abilities to provide Student with an important practical learning experience.
2.5 Employer shall comply with all federal and state employment, safety, and civil rights laws applicable to the position.
2.6 Employer agrees to the terms listed in the attached Employer's Waiver of Liability.

3. Faculty Internship Coordinator Obligations
3.1 Faculty Internship Coordinator shall monitor Student’s progress and assign a final grade for the Internship.
3.2 Faculty Internship Coordinator shall determine that Student meets all eligible criteria and that the Internship opportunities properly supplement Student’s academic work.
3.3 Faculty Internship Coordinator shall allow adequate office time to meet with Student for guidance on assignments and project.

All Parties agree to comply with all stipulations and requirements.

(Student Signature)    (Date)                        (Employer Signature)    (Date)

____________________________________________________

(Faculty Internship Coordinator Signature)    (Date)

____________________________________________________