Trinity University Office of Experiential Learning
Off-Campus Paid Internship Agreement

This Agreement entered into this __________ date of __________, between _________________, hereafter called the “Agency” and Trinity University. This Agreement becomes effective on the date of acceptance and signature by the University and Agency. This Agreement shall be in effect until __________.

In consideration of the terms and conditions contained herein, the Agency agrees as follows:

- The Agency agrees to abide by the requirements of the Equal Employment Opportunity Commission (EEOC), especially to ensure that no form of harassment will be permitted and that neither will discriminate on the basis of age, sex, religious belief, race, color, national origin, physical handicap, marital status, or sexual orientation or other characteristics protected by federal, state or local statute or ordinance.
- The Agency agrees to abide by the requirements of the Fair Labor Standards Act (FLSA), in regard to determining when an intern is a trainee as opposed to employee and is therefore required/not required to be paid.
- To provide workers’ compensation insurance coverage for the student intern or otherwise assume liability for work-related injuries sustained by the intern at the internship site.
- To notify the University’s Director of the Internship Program of any changes in the student’s work status, schedule, or performance.
- To allow a faculty advisor and/or the University’s Director of the Internship Program to conduct pre-arranged site visits to confer with the student and his/her supervisor.
- To provide two written evaluations of the student’s performance, one at mid-term and the other at or before the end of the student’s internship.
- It is mutually understood and agreed that the parties shall at all times be acting as independent contractors in performing their duties under this Agreement.
- This Agreement constitutes the entire agreement between the parties, and all prior discussions, agreements, and understandings, whether verbal or in writing, are hereby merged into this Agreement.

Name of Student Intern: ________________________________________

Agency: (Please Print) ________________________________________

Agency Internship Supervisor: ________________________________________

Agency Internship Supervisor’s Signature: ________________________________

Date: ____________________________

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Trinity University Director of the Office of Experiential Learning: Dr. Jacob Tingle

TU Director of Office of Experiential Learning Signature: ________________________________

Date: ____________________________