INTERNATIONAL STUDENTS

Hawai'i Pacific University students may earn academic credit for work experiences that are directly related to their major field of study through the Career Development Center's Internship & Co-op Program. *It is our policy that retroactive credit for hours worked prior to receipt and approval of completed internship forms will not be honored. Any hours worked prior to formally registering for your internship through the Career Development Center will NOT be considered.*

In order to receive academic credit for co-ops or internships, the <u>eligible</u> student must:

➢ Complete 75 hours per academic credit for **non-paid internships** or 200 hours for three credits registered in the same term. (Exceptions – HTM students must still complete 200 hours per credit.)
➢ Complete 200 hours per academic credit for **co-op or paid internship** positions.
➢ Receive a satisfactory evaluation from the employer/supervisor.
➢ Complete a self-evaluation and term paper(s) that meets guidelines specified by the program.

In consideration of the mutual benefits of the Internship & Co-op Program, HPU's Career Development Center (CDC), the employer, and the student agree as follows:

A. The **EMPLOYER** agrees to:
1. Designate an individual to supervise the student and to serve as liaison to CDC.
2. Complete the "Employer Information" section on the back of this form.
3. Submit a detailed job description of the student's position duties.
4. Provide training and assist the student in structuring and fulfilling his or her learning and performance objectives to ensure that he or she has a valuable learning experience in the internship or co-op.
5. Evaluate the student at the end of the work experience on an online evaluation form provided by CDC.
6. **Sign and abide by the terms & conditions of our Employer Waiver & Release**

B. **HPU's CAREER DEVELOPMENT CENTER** agrees to:
1. Provide a Career Advisor to meet with the student to explain the scope of the internship & co-op program and monitor the student's work experience progress.
2. Make contact with the employer as needed.
3. Verify the completion of all required components and award academic credit on a Pass/Fail basis.
4. Register student for the appropriate course to receive academic credit.

C. The **STUDENT** agrees to:
1. **Sign and abide by the terms & conditions of our Student Waiver & Release**
2. Complete all required components, including: term paper(s), time log with supervisor's signature, and online student evaluation of the work experience. Failure to do so may result in a failing grade.
3. Immediately notify the Career Development Center of any problems or changes in job status.
4. Abide by the regulations and policies of the Internship & Co-op Program & the employer.
5. Remain employed for the duration of the internship or co-op and complete the required hours or risk the loss of credits.

By signing below, you agree to comply with the terms and conditions of the agreement.

_____   _____   _____
Employer's Signature   Date   Student's Signature   Date   Career Advisor's Signature   Date

INTERNSHIP/CO-OP INFORMATION

STUDENT INFORMATION

Student Name:

_____
Last   First

Phone Number: _____   **E-mail Address:** _____

Degree/Major: _____   **Student I.D. #: @**_____

EMPLOYER INFORMATION

Company: _____   **Industry**: _____

Address: _____

Supervisor Name: _____   **Title:** _____

Phone: _____   **E-mail:** _____

Student's Position/Title: _____

Anticipated Start Date: _____   **Anticipated End Date:** _____   **Hours Per Week:** _____   **Pay Rate:** _____

**EMPLOYER: Please provide student with a Job Offer Letter as they are required to submit a copy to CDC **

FOR CDC OFFICE USE ONLY:

Date: _____   ☐ APPROVED   ☐ DENIED   Advisor's initials: _____   ☐ Employer Waiver Recv'd   ☐ Student Waiver Recv'd

Semester: _____   Course Alpha: _____   Number: _____   Section: _____   Credits: _____   CRN: _____

Work Dates

P F	START	END	P F	START	END	P F	START	END	P F	START	END

Term Paper

Professor	Due

Total Hours: _____

FINAL GRADE: _____ **Advisor:** _____ **Date:** _____