**The University of Georgia Division of Student Affairs**

**Terms of Student Internship for Academic Credit**

TO: The Board of Regents of the University System of Georgia, by and on behalf of the University of Georgia Division of Student Affairs (“UGA”).

FROM: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

As a condition of my participation in the internship opportunity described in the attached Internship Proposal (attached as Exhibit A), I agree as follows:

1. I shall participate as an intern for the Division of Student Affairs as set forth in the Internship Proposal.
2. I acknowledge that, in exchange for my service as an intern, I have neither been promised any consideration, other than academic credit, nor do I expect to receive any consideration, other than academic credit. I understand that the decision to award academic credit in connection with the internship is not made by the Division of Student Affairs, but that the Division of Student Affairs may provide information to the UGA college or unit responsible for the award of academic credit concerning my participation in the internship.
3. I acknowledge that UGA may withdraw me from the internship at any time based upon: (i) a failure to carry out the requirements of the internship; (ii) a failure to comply with the applicable rules and regulations of UGA and any of the department or units where I engage in internship activities, or (iii) for any other reason where UGA believes that it is not in UGA’s interest for the internship to continue.
4. I understand that, as an intern, I will not be entitled to any employee benefits, and I understand that UGA will not provide me with accident or medical insurance, and is therefore not responsible for any accident or medical expenses that I incur in the course of the internship.
5. I understand that I am not covered by workers’ compensation laws in connection with my internship.
6. If I utilize my personal vehicle, I understand that UGA does not provide comprehensive or collision insurance for my personal vehicle.
7. I agree to abide by all applicable rules and regulations of UGA and any of the department or units where I engage in internship activities. I also agree not to disclose any UGA confidential information I may have access to in the course of the internship, including information concerning patients, research subjects, and unpublished research data. I acknowledge and agree that any intellectual property I may create in the course of my activities during the internship at UGA shall be the property of UGA.
8. I have read, or have had read to me, the above statements, and understand them as they apply to me. I hereby certify that I am eighteen (18) years of age or older, or my parent or guardian has signed below; that I am legally competent to execute this “Terms of Student Internship for Academic Credit”; and that I, or my parent and/or guardian, have read carefully and understand the above “Terms of Student Internship for Academic Credit”; and that I have freely and voluntarily signed this “Terms of Student Internship for Academic Credit”.

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| Participant Signature  Participant Name (Please Print) |  | Parent / Guardian Signature (if applicable)  Parent / Guardian Name (Print if applicable) |

**EXHIBIT A**

**Internship Proposal**

**(*see attached*)**