



01.16.04

Your Name Printed

Place of Internship

Semester Enrolled Year

Introduction

Each student in the Visual Communication Design degree program is required to complete an Internship.

Students registering for 40192 Internship 2 must agree to the following conditions in order to have the Internship experience count for credit:

- Each student registering for Internship 2 must complete a Policy Agreement and a Hold Harmless Agreement prior to beginning the Internship. Failure to do so will result in the de-registration of the student for that semester.
- Students must register for 40192 Internship during the semester they are completing the Internship experience. The student may not sign up for credit the semester prior to or after the Internship experience.
- Although the student is registered for credit, this is a job situation and must be treated as such. The student will have the same responsibilities to the employer as if a full-time employee.
- The student must notify the employer if ill, if going to be late or cannot make it to work. Be sure to notify the employer of school holidays, breaks or conflicts.
- The student may receive pay for credit. That agreement and the amount to be paid is between the student and the employer.
- The following work hours are required for the following credit hours:
01 credit hour = 100 work hours
02 credit hours = 200 work hours
03 credit hours = 300 work hours
04 credit hours = 400 work hours
05 credit hours = 500 work hours
06 credit hours = 600 work hours
- If the student is fired from the Internship the result will be will failure of the course. The School of Visual Communication Design and/or the Internship Coordinator will not find alternative work for the student. If the student is experiencing difficulties with the employer which cannot be rectified, contact the Internship Coordinator. An attempt will be made to iron out differences. If a workable solution is impossible, the student may be asked to withdraw from the Internship and the course.
- The student must keep accurate records of the time worked and on what project[s]. Your time sheets are optional and may be turned in at the end of the internship experience.

- The employer must submit a letter of evaluation on company letter-head verifying the student's employment. The letter must include the following information:
 - Student's name
 - Dates of employment
 - Total hours worked
 - Description of duties
 - Evaluation of work performed [Satisfactory or Unsatisfactory]
- The student must complete a letter to the Internship Coordinator. The letter must include the following information:
 - Student's name
 - Dates of employment
 - Description of duties
 - Self-evaluation of work performed
 - Evaluation of value of this particular Internship
- The student will not receive a letter grade for 40192 Internship 2. An "S" [Satisfactory] or "U" [Unsatisfactory] grade will be recorded.
- The student should make sure that the employer is covered by insurance. Some commercial policies only cover regular full-time employees. The employer may need to take out a "rider" policy to insure the student during the Internship. Students should check with their family insurer to see if they are covered in this kind of situation. The student or the employer may take out a university health insurance policy for added protection while on the job. Such a policy is very inexpensive.

I have read and agree to the above terms and conditions.

Your Signature

Your Name Printed

Your Address

City State Zip

Telephone E-mail

Date

Witnessed by [Signature] This cannot be the Internship Coordinator

Witness Name Printed

Date

hold harmless agreement



01.16.04

Introduction

The Kent State University School of Visual Communication Design Internship offers a unique opportunity for students in graphic design & illustration to gain direct professional experience. The program relies on cooperation and goodwill of various private businesses, individuals, organizations and government entities. Because we understandably cannot assume responsibility for the various persons and agencies which are in different ways associated with our program, we ask that you adhere to the following terms and conditions of participation. Your dated and witnessed signature indicates that you understand and agree to those terms and conditions.

Agreement / Release

WHEREAS, I, _____ am a student registered for and desire to participate in a Kent State University School of Visual Communication Design Graphic Design & Illustration Internship to be conducted at herein after referred to as "Internship"; and

WHEREAS, this Internship has been organized by the School of Visual Communication Design, Kent State University, Kent, Ohio 44242-0001, and is coordinated by Professor John Brett Buchanan, a member of the faculty of the School of Visual Communication Design; and

WHEREAS, I understand and agree that there are risks to my person and property and to the person and property of other associated with my participation in this Internship; and

WHEREAS, I understand and agree that my participation in this Internship is completely voluntary; and

WHEREAS, I understand and agree that Kent State University does not provide any insurance coverage for any injury or damage to my person and property nor for injury or damages to the person and property of others while participating in this Internship; and

WHEREAS, I understand and agree that any arrangement for remuneration or insurance coverage is strictly between myself and the organization providing this Internship.

NOW, THEREFORE, I, _____ the undersigned, being 18 years of age or older and therefore an adult according to the laws of the State of Ohio, in consideration of the educational advantages and opportunities afforded me by my participation in this Internship, agree to hold Professor John Brett Buchanan, a member of the faculty of the School of Visual Communication Design and coordinator of this Internship; Kent State University; its Board of Trustees; officers and employees harmless for any direct, indirect, special or consequential damages which I may incur or be held liable for as a result of my participation in this internship.

FURTHERMORE, I agree to accept full and total responsibility for my actions at all times while a participant in the above described Internship.

I have read the above terms and conditions of this Hold Harmless Agreement and I understand and agree to the terms and conditions of this agreement.

Your Signature

Your Name Printed

Your Address

City State Zip

Telephone E-mail

Date

Witnessed by [Signature] This cannot be the Internship Coordinator

Witness Name Printed

Witness Address

City State Zip

Date

Your Name Printed

Place of Internship

Semester Enrolled

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