

Utica University

Internships at Utica University

This document covers the procedures for students undertaking credit-bearing internships at any of the Utica University properties or virtually under the aegis of any Utica University office or department. The procedures cover internships for both Utica University students and students at other educational or credit-awarding institutions.

The forms in this document need to be completed and approved before the student begins the internship.

NOTES

1. Student tuition and fees are governed by the credit hour rates for the campus and program of the student.
2. Compensation for a faculty member overseeing an internship is governed by the contract between the AAUP-UC and Utica University.
3. The University does not compensate site supervisors for the internship.
4. Final approval of an application to complete an internship rests with the Provost of Utica University.

Checklist

The relevant forms and documents need to be assembled and approved by the Office of Academic Affairs *before* a student begins an internship.

General Requirements – For All Students

- Internship Form Available from the Office of the Registrar at https://www.utica.edu/academic/registrar/Fillable_Internship.pdf
- Application for Internship, including:
 - Student learning goals
 - Job description for the student, including deliverables
 - Job description for site supervisor
- NDA/Statement of confidentiality (attached)
- Compliance statement with relevant regulations (attached)

Additional Requirements For Students From Other Institutions

- Statement of Good Standing
- Certificate of Insurance
- Proof of General and Professional Liability
- A background check (done through UC HR)
- Agreement (contract) with credit awarding institution (see attached sample internship agreement.)
- Remuneration or pay for the experience (to UC, the student, or site supervisor) - if applicable. If not, please state so. Note: UC does not compensate site supervisors.

Application for Internship

To be completed by the supervising faculty member

Student Name: _____ Student ID: _____

Student Institution: _____

Supervising Faculty Member: _____

Supervising Faculty Member Institution: _____

Site Supervisor: _____

Sponsoring Office, Department, or Organization: _____

Course Prefix and Number: _____ Credits: _____

Dates of Internship: _____ To _____

Short Description of the Internship:

Job Title and Short Description for Site Supervisor:

Student Learning Goals (What will the student have learned by the end of the internship?):

Student Deliverables (What will the student have accomplished by the end of the internship?):

Approvals

Supervising Faculty Member

Name: _____ Signature: _____

Site Supervisor

Name: _____ Signature: _____

Provost

Signature: _____ Date: _____

Distribution:

Fully executed copies of this document should go to:

- Utica University Office of Academic Affairs
- Supervising Faculty Member
- Site Supervisor
- Office of the Registrar at the Credit-Awarding Institution
- Student

NON-DISCLOSURE AND CONFIDENTIALITY AGREEMENT FOR STUDENT INTERNS

OFFICE: UTICA UNIVERSITY OFFICE OF (fill in office)

RE: (student name, program & internship title)

SITE SUPERVISOR: (Name, Title)

Term of internship: (Term/year)

I understand that during the course of my internship I may be given access to documents or information that may be protected under New York Education Laws, Family Educational Rights and Privacy Act (FERPA), Health Insurance Portability and Accountability Act (HIPPA), General Data Protection Regulation (GDPR), or any other local, state or federal regulation designed to protect student data, documents, or information that may be considered sensitive or confidential, or to documents or information that may relate to the personal privacy of individuals. This same level of privacy and confidentiality extends to any and all documents, information, and data that are the property of Utica University.

Additionally, all documents, information, data, and any resultant work produced as a result of this internship shall be the sole property of Utica University and shall in no way be reproduced, published, or otherwise shared or disclosed with any party for any purpose without the express written permission from the department or person authorized to permit the release of information/data.

I understand that such documents or information may be used only in connection with my internship and that I may not copy, disclose, or release these documents or information. I further agree to return all such documents and information at the conclusion of my internship or when the information is no longer required for the performance of my assignments, or upon the termination of my duties as an intern. I understand, and acknowledge, that a violation of any of these provisions may result in an immediate termination of my internship, penalties, and/or prosecution.

Name (Printed or Typed): _____

Signature: _____

Date: _____

Compliance Agreement for Student Interns

OFFICE: UTICA UNIVERSITY OFFICE OF (fill in office)

RE: (student name, program & internship title)

SITE SUPERVISOR: (Name, Title)

Term of internship: (Term/year)

I understand that during the course of my internship I am bound by all relevant Federal, State, and County legislation and agree to abide by the terms thereof.

I also understand and agree that I will abide by any regulations or requirements specific to Utica University including, but not limited to, requirements related to health and safety.

I understand, and acknowledge, that a violation of any of these may result in an immediate termination of my practicum, penalties, and/or prosecution.

Name (Printed or Typed): _____

Signature: _____

Date: _____

Utica University
Internship Statement of Good Standing
To be completed by the Office of the Registrar at the credit awarding institution

Institution: _____

Student ID: _____

Student Name: _____

I attest that this student is in good academic standing and eligible to participate in a credit-bearing internship for the period _____ to _____.

Name _____

Signature _____

Title _____

Date _____