

Premier Finance Internship
MEMORANDUM OF UNDERSTANDING
Student Acknowledgement and Release

Student Name: _____
Date: _____

This memorandum on understanding is made this _____ day of _____ day, 200____, by and between the University of Arizona, Eller College of Business, Finance Department (hereinafter called the "University"), and _____ (hereinafter called the "Student"). WHEREAS, the Student has entered into an internship, the Student acknowledges his/her responsibilities as shown below and agrees to the following:

Premier Finance Department Internship - Student Responsibilities:

1. The Student is expected to arrange with the Agency that he/she be assigned to for an initial meeting with the Agency Human Resources department and the internship mentor to familiarize the Student with Agency rules, regulations, customs and requirements. This meeting should be scheduled within the first two weeks of the beginning of the internship.
2. The Student should ask the mentor/Agency for an outline of the general tasks that the Agency has planned for the Student to accomplish during the internship term. The Student should review these tasks with the mentor to assure that the Student understands both the scope and definition of the tasks. A copy of the task list shall be delivered the internship coordinator.
3. The Student is responsible for appropriate dress, decorum, and timeliness on the job.
4. The Student understands and agrees that he/she will devote a minimum of ten (10) hours per week to the internship. The Student will arrange his/her work schedule with the agreement of the Agency around the Student's school schedule. The Student understands that their school schedule is to be set first, with the work schedule planned around it.
5. Transportation to and from the intern site is the sole responsibility of the Student.
6. The Student understands that while he/she is at the internship work site, he/she is responsible to the Agency and subject to its policies, rules, and regulations.
7. The Student is responsible for his/her own health and accident, automobile, and professional liability insurance, since the University or the Agency will not provide these. If the Agency has health or citizenship requirements, the Student is expected to meet the requirements of the Agency.
8. If the Student is a foreign student, he/she is responsible for assuring that any INS or other "status" issues are satisfied. Neither the University nor the Agency shall have any responsibility with regard to verifying eligibility of the Student to participate in the internship program.

Student: _____ Date: _____

9. The Student will prepare and deliver appropriate academic assignments as designated.

10. The Student has the responsibility to act professionally and ethically to maintain confidentiality and understands that the Agency may require the Student to sign a confidentiality agreement.

11. The Student will adhere to Agency and University policies, procedures, programs, and operating standards. Examples may include but are not limited to following rules for hours of Agency operations and necessary absences, providing monthly and narrative reports as required by the Agency or the internship coordinator, providing continuity of services during University holidays as planned in advance with the internship coordinator and the Agency.

12. The Student understands that he/she will be under the actual direction and supervision of the Agency during participation in the internship activities and could be released from the internship at the discretion of the Agency or the internship coordinator.

13. The Student understands that he/she is not an employee of the Agency or the University and is not entitled to financial remuneration during the internship unless otherwise arranged by the Agency and Student.

14. The Student understands that there is no promise of future employment at the Agency where he/she serves the internship made or implied. The internship is strictly an academic learning experience.

The terms hereof shall serve as a release and assumption of risk for me, my heirs, estate, administrator, assignees, and all members of my family. My signature below acknowledges my understanding and agreement to abide by the terms and conditions of the practicum/internship.

APPROVED:

Student Signature Date

Witness / Coordinator Date