

BREVARD COLLEGE
Intent to apply for an Academic Internship

Affiliate Site Agreement Information:

An “Affiliate Site Agreement” is required between BC and any site hosting an internship experience.
Registration cannot be approved until an agreement is on file.

STEP 1: Faculty contacts Registrar Office to determine if an agreement is on file: ☐ Yes ☐ No

REGISTRAR:

Agreement on File: ☐ Yes ☐ No

Appropriate Coverage: ☐ Yes, All Internships ☐ Yes, This Program ☐ No

REGISTRAR: Faculty Notified: _____ (date)

IF EITHER BOX IS CHECKED “NO”

STEP 2: Faculty completes the following:

- Download Affiliate Site Agreement template: ***MyBC – Faculty – Student Internship Policies and Administration Forms – Brevard College Affiliate Agreement Template***
- Send to contact person at internship site authorized to bind organization to contracts for all types of internships. This Agreement will be used to cover all internships – not just program-specific internships (like “BORG” internships). Site signatory must be an executive, high-level administrator, or someone with authority over all internships (e.g., CEO, President, Vice President, Director of Internship).
- Signatory must complete all required fields, print and sign (**cannot currently accept electronic signature**), and return to faculty. If site raises questions about contract language or requirements, or requests use of their own form/agreement, refer to BC’s Director of Institutional Effectiveness, (Michael Cohen cohenmw@brevard.edu).
- Faculty sends signed Affiliate Site Agreement to the Registrar’s Office (registrar@brevard.edu) and to the Executive Assistant to VP of Academic Affairs, who obtains VP of Academic Affairs’ signature, scans and files Affiliate Site Agreement.

STEP 3: Registrar confirms Affiliate Site Agreement is now on File: ☐ Yes ☐ No

BREVARD COLLEGE
Academic Internship HHP or ERM

Internship: Provides students with an opportunity to strengthen their academic experience and assess career goals. The internship is supervised by the student's academic advisor or area faculty member and requires 45 hours of job site work per hour of academic credit awarded. Minimum student contact with the faculty member directing the internship will be 10 hours.

Prerequisites: Students should have completed 1 semester in the Graduate Program at Brevard College. The student must have a cumulative GPA of 3.0 or higher.

IMPORTANT INFORMATION

- Any expenses for a background check/drug test or any other associated cost are the student's responsibility.
- NO internships may be done in the state of CA.

ALL the information on this form MUST be completed before the form will be processed.

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REGISTRAR:

Agreement on File: ☐ Yes ☐ No
Appropriate Coverage: ☐ Yes, All Internships ☐ Yes, This Program ☐ No

Course Prefix: (circle) **HHP 569** Semester Hours _____ Semester/Yr. _____

Course Prefix: (circle) **ERM 569** Semester Hours _____ Semester/Yr. _____

STUDENT INTERN INFORMATION

PLEASE PRINT INFORMATION

Student Name: _____ Brevard College ID: _____

Home Address: _____ City: _____

State: _____ Zip Code: _____ Phone Number: _____

MUST ATTACH COURSE SYLLABUS WITH FORM.

SYLLABUS MUST INCLUDE LEARNING GOALS, OBJECTIVES AND OUTCOMES

Brief Description Internship/Practicum:

INTERNSHIP SITE INFORMATION

Business/Organization: _____

Name of Supervisor: _____ **Title:** _____

Address: _____ **City:** _____

State: _____ **Zip:** _____ **Organization Phone Number:** _____

Dates: **Begin Date** _____ **End Date:** _____ **Hours Per Week** _____

Supervisor Email Address: _____

REQUIRED STUDENT ACKNOWLEDGEMENTS
(Student please initial each required acknowledgement)

Concerning the internship experience:

- _____ I am encouraged to obtain and I am responsible for obtaining my own health insurance.
Brevard College does not provide me with health insurance.
- _____ I am responsible for coordinating directly with the internship site to complete any prerequisites
or requirements they may have for my internship experience (for example, obtaining any
required background check, training, vaccinations, etc.).
- _____ I am personally and individually responsible for any costs of completing any of the internship
site's prerequisites or requirements for my internship experience.
- _____ I agree to familiarize myself with and abide by the internship site's institutional policies,
protocols, and bylaws when participating in my internship experience.
- _____ I will notify my faculty advisor, within 24 hours, should the internship site withdraw me from or
otherwise terminate my internship experience (except upon the natural conclusion of the
internship experience).
- _____ If I have access to patient/client/student information at my internship, I will not make copies of
patient/client/student records or case studies, nor will I provide any such copies to or share any
other personally identifiable information about a patient/client/student with anyone affiliated
with Brevard College (faculty, staff, students, or others), nor with any others, without: 1)
Obtaining written permission from my supervisor at the internship site, and 2) Complying with any
and all of the internship site's confidentiality and privacy policies and procedures.

Printed Name and Signature of Faculty Supervisor

Date

Signature of Division Chair

Date

Print Name and Signature of On-Site Supervisor

Date

Signature of Student

Date

Please return form to the Office of the Registrar, Beam Administration Building

OFFICE USE ONLY

Date Received in the Office of the Registrar: _____ Date Processed: _____

Notified: _____ Faculty Supervisor _____ Division Chair _____ Student _____ Entered in Spreadsheet