

**STAN ROSS DEPARTMENT OF ACCOUNTANCY  
ZICKLIN SCHOOL OF BUSINESS – BARUCH COLLEGE  
FORM 1 – INTERNSHIP AGREEMENT**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

Address: \_\_\_\_\_

Course Number: \_\_\_\_\_ # of Credits: \_\_\_\_\_ Semester: \_\_\_\_\_

Country of Citizenship: \_\_\_\_\_ Visa Status: \_\_\_\_\_ Date of Grad: \_\_\_\_\_

This form is an agreement between the employer, the Faculty Supervisor (on behalf of the Accountancy Department of Baruch College) and the student. Termination of the agreement is subject to discussion with all parties.

**THE EMPLOYER AGREES TO:** Designate an individual to supervise the student and serve as a liaison between the employer and the Faculty Supervisor. Provide a written description of intern responsibilities. Provide training experiences and assist the student in structuring and fulfilling his/her learning and performance objectives. Pay a salary or stipend consistent with the employer’s practices and policies. Evaluate the student at the end of the semester using the form provided by the college. Initiate employment of student after notification by college of enrollment in an internship course.

**THE COLLEGE AGREES TO:** Provide a faculty person to monitor the academic progress of the student. Make periodic contact with the employer as needed. Determine a grade and award college credit for successful job performance and completion of course work. Provide academic guidance in the student’s degree field concurrently with the internship.

**THE STUDENT AGREES TO:** Enroll in a course in the ACC \_\_\_\_\_ concurrently with the internship. Develop a well-planned series of learning and performance objectives, commensurate with the goals of his/her instructional program, in conjunction with the faculty supervisor and employer. Immediately inform the faculty supervisor of any problem or changes in status. Abide by the regulations and policies of both the internship program and employer.

By signing below, you agree to comply with the conditions of the agreement.

The information below must be completed by all students in order to register for this course.

**INTERNSHIP ASSIGNMENT**

How did you find this internship?  
\_\_\_\_\_

Company Name:  
\_\_\_\_\_

Company Address:  
\_\_\_\_\_

Supervisor's Name:

Supervisor's Title:  
\_\_\_\_\_

Supervisor's Phone:  
\_\_\_\_\_

Email:  
\_\_\_\_\_

Hours Per Week:  
\_\_\_\_\_

Salary:  
\_\_\_\_\_

Your Job Title:  
\_\_\_\_\_

Start Date:  
\_\_\_\_\_

End Date:  
\_\_\_\_\_

**COURSE: ACC**

**SEMESTER:**  
\_\_\_\_\_

**EMPLOYER SIGNATURE:**  
\_\_\_\_\_

**DATE:**  
\_\_\_\_\_

**FACULTY SIGNATURE:**  
\_\_\_\_\_

**DATE:**  
\_\_\_\_\_

**STUDENT SIGNATURE:**  
\_\_\_\_\_

**DATE:**  
\_\_\_\_\_

**INT'L STUDENTS OFFICE (if applicable):**  
\_\_\_\_\_

**DATE:**  
\_\_\_\_\_

\_\_\_\_\_