

COOPERATIVE EDUCATION/INTERNSHIP AGREEMENT

between
THE UNIVERSITY OF NEVADA, RENO (UNR) and _____
and _____ (the Cooperating Agency)
(the Intern)

Internship starting date: _____ Concluding date: _____

Cooperating Agency Location: _____

Cooperating Agency Supervisor: _____ Tel:Office _____

UNR Department Internship Advisor: Dr. Indira Chatterjee Tel:Office: 784-1346

Department and Course Number: _____ Credits _____

Intern's email address: _____

INTERN RESPONSIBILITIES

The Intern hereby agrees to the following:

1. UNR's role is limited to that of facilitator. It is understood that the Intern will be an employee of the Cooperating Agency for purposes of compliance with applicable state and federal laws. The parties agree that the Intern is not an employee or agent of the State of Nevada or UNR.
There shall be no:
 - a. Withholding of income tax by the State or UNR;
 - b. Industrial insurance coverage provided by the State or UNR;
 - c. Participation in any group insurance plans which may be available to employees of the State or UNR;
 - d. Participation or contribution by the State or UNR to the public employees retirement system;
 - e. Accumulation of vacation or sick leave with the State or UNR;
 - f. Unemployment compensation coverage provided by the State.
2. Comply with all Cooperating Agency policies and procedures.
3. Be enrolled as a Cooperative Education student in good standing.
4. Complete the internship during the dates specified.
5. Work conscientiously under the direction of the supervisor assigned by the Cooperating Agency.
6. Report serious personnel, safety, or other problems regarding the internship to the Cooperating Agency supervisor.
7. Accept no other employment during the internship unless agreed upon in writing by UNR.
8. Complete all UNR academic assignments and course work as outlined by the applicable department.
9. I have received and read a copy of the Master Agreement between UNR and the Cooperating Agency. I agree to abide by its terms and acknowledge that the Master Agreement is specifically incorporated by reference into this Agreement.
10. I HEREBY CONSENT TO THE RELEASE OF MY EMPLOYMENT RECORDS INCLUDING PERFORMANCE EVALUATIONS TO THE FACULTY ADVISOR FOR THE PURPOSE OF GRANTING AN INTERNSHIP GRADE.

Student's Signature

Date

Approved by: Internship Faculty Advisor

Date