



**Office of the Registrar**

One University Hill Drive • Buena Vista, VA • 24416 • Phone: (540) 261-4343 • Fax: (540) 261.4245

**Student Agreement  
Cooperative Education and Internships**

Name: \_\_\_\_\_ Student ID #: \_\_\_\_\_ Date: \_\_\_\_\_

Experience

Provider: \_\_\_\_\_

Supervisor: \_\_\_\_\_ Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

SVU Academic Advisor: \_\_\_\_\_ Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

Department and Course Number: \_\_\_\_\_

Credits (Please Circle):            1                            2                            3                            4                            5                            6

(A minimum of 40 hours of internship experience must be done to receive one hour of academic credit. This varies by department as some departments may require more than 40 internship hours per hour of academic credit. No more than 9 credit hours will be granted for internship courses and applied toward your degree.)

**The student hereby agrees to do the following:**

1. Be enrolled as a cooperative education/internship student at Southern Virginia University.
2. Comply with all experience provider rules, policies and procedures.
3. Complete the internship during dates specified unless released by experience provider and SVU.
4. Work conscientiously under the direction of the supervisor assigned by the experience provider, submitting all reports and assignments required.
5. Report serious problems, including physical, safety and personnel issues to the experience provider supervisor and the SVU internship advisor.
6. Accept no employment that will replace the internship unless agreed upon in writing by the experience provider and the applicable SVU department.
7. Complete all SVU academic assignments and course work as stipulated in the learning contract or class syllabus.
8. Adhere to the SVU honor code and dress and grooming standards.
9. Provide evidence of health insurance coverage if required by experience provider.

I have received and read a copy of the master cooperative education/internship agreement between SVU and the experience provider from the department. I agree to abide by its terms. I have notified the Southern Virginia University Registrar's Office in writing of my age if I am younger than 18 years old.

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_