



Florida State University Public Health Program PHC 4944 - Internship Contract

Florida State University
Public Health Program
Tallahassee, Florida 32306
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Internship Terms and Conditions

SUPERVISOR STATEMENT: I will sponsor this student in a health-related internship, ensuring that the student has enough relevant work to meet the required 120 minimum hours and produce a written reflection essay related to their experience with the internship. I will provide this student with a **FINAL EVALUATION** (using a written letter that is preferably on official letterhead/stationery) that the intern **MUST INCLUDE** in the required final reflection. I will also respond to a feedback survey. I understand that the student must submit the required final project to the course instructor prior to the last day of classes during the semester in which the student is interning. The intern is responsible for informing me of the due date.

Supervisor Signature: _____ **Date:** _____

STUDENT STATEMENT: I understand that by submitting this contract that I intend to register for PHC 4944 during the indicated semester. I understand that it is my responsibility to verify that I do not have any registration stops AND verify that the correct hours appear on my schedule prior to the end of the Drop/Add registration period. I understand that I am required to submit a final written project related to my experiences during this internship. The written project is due on the last day of regularly scheduled classes during the term in which I am registered for the Public Health Internship credit hours.

I am registering for **3** credit hours.

I agree to work _____ hours per week from (start date) ___/___/___ to (end date) ___/___/___

_____ (initial) I understand that the Internship is graded on the FSU Letter Grade basis and by submitting this contract I am grade liable and fee liable for the PHC 4944 hours.

_____ (initial) I understand that I must submit my final project on the due date.

_____ (initial) I understand that I must submit all required materials on the last day of regularly scheduled classes. _____ (initial) I understand that this includes a written self-evaluation/reflection as my final project.

****Please be aware that this form constitutes an agreement with the FSU Public Health Program. Once you register for the course, you will be assessed tuition and fees for these hours, even if your internship is unpaid.****

Upload the completed and signed contract to Canvas by the final day of drop/add, and retain the original hard copy for your records.

Student Signature: _____ **Date:** _____

If you have any questions, please contact Annette Schwabe, FSU Public Health Internship Coordinator, at aschwabe@fsu.edu