



Sinclair
Community
College

Business and Public Services Division

Student Application and Agreement Form

Business Internship Program

Name _____ Date of Application _____

E-mail (required) _____ Student ID# _____
(please print clearly)

Address _____ Phone (home) _____

City _____ Phone (cell) _____

State _____ Zip _____ Phone (work) _____

Program _____ GPA _____ Graduation Date/Yr (estimated) _____

Expected Quarter of Internship _____

Please return this application/agreement form to the Business Internship Office, Building 5, Room 113 for review.

If the internship office is closed, please leave this form with your department office:

ACC/MAN/MRK Room 5142

BIS/CIS Room 5111

Once the application is reviewed, you will be sent an email with your status and instructions on how to proceed.

To search the current internship openings, go to www.sinclair.edu/academics/bps/intern. Click on 'Student Information' along the left-hand side and then go to 'Internship Opportunities.'

As an applicant for the Business Internship Program, I understand that to remain in good standing and eligible for an internship, I agree to abide by the following requirements:

1. The Internship Program is an **educational program, not an employment program**. Internships are intended to be entry-level workplace assignments where students can practice classroom skills and enhance the learning process under the supervision of faculty. These types of positions are considered temporary and **do not qualify for employee benefits, unemployment compensation, tuition reimbursement** or long-term employment with a participating employer.
2. **No guarantee of employment** is stated or implied by the Internship Office or by any staff member. The program **does not place students**; instead, the resumes of qualified applicants are referred to employers for their review. **Employers determine who will be interviewed and make all hiring decisions.**
3. Students agree to **follow-up with all phone or email** inquiries, interview requests and other contacts **from prospective employers**. Failure to do so could result in dismissal from the program and suspension of resume referral for subsequent opportunities.
4. Students must **notify the Internship Office** of all interviews, offers, and acceptances.

5. Upon accepting an Internship assignment, each student is required to **register and pay for** the appropriate **Internship course** for the upcoming academic quarter.
6. Students must **complete an entire work quarter** with an employer when a new position is accepted or after a new academic quarter has begun.
7. As representatives of Sinclair Community College, its academic departments, and future students; **participants are expected to conduct themselves in an appropriate, professional manner.**
8. Students must continue to make appropriate progress toward degree completion and **are required to register for a minimum of six (6) credit hours each quarter except under appropriate circumstances to be determined by the department chair/instructor.**
9. Participants must remain registered at Sinclair in **good academic standing** and maintain a **GPA of 2.0+.**
10. Students must **notify the Internship Office** of any **changes** in contact info (including address, email and cell phone), employment, job search or school status as soon as is possible.
11. Program participants are **expected to follow the policies and procedures established by both the employer and the college** and are **obligated to share any incidents of noncompliance** with each other.

Employers may request additional information that relates to a student’s educational progress and impacts his/her application for, and retention in, an internship. Examples are GPA, completed coursework or a copy of the student transcript or grade report. **This certifies that the undersigned student agrees to allow the Sinclair Business Internship Program Office to release (both electronic and hard copy) such academic records, transcripts, resumes, and/or references to prospective or current employers.** The purpose of the release of this information is to enable prospective employers to select students for internships and to ensure students maintain eligibility for such programs.

The Business Internship Program approves applicants based on published college, division, and departmental requirements and reserves the right to discontinue services to students when deemed appropriate.

I have read this agreement carefully and understand my commitment and responsibility as a participant in the Sinclair Business and Public Services Internship Program.

Student Signature _____

Date _____

Please contact the Internship Office with any questions:

Melissa Mann
Administrative Assistant, Internship Office
Building 5, Room 113
Phone: 937-512-2769 Fax: 937-512-2437
melissa.mann@sinclair.edu

Office Use Only

Internship Approval: **Approved** **Not Approved**

Comments:

- Application status sent by email (date) _____
- Met with Chair/Instructor (date) _____ Registration Approval (date) _____

Office Signature: _____

Date: _____