

MEMORANDUM OF UNDERSTANDING

Coastal Carolina University

This agreement is between Coastal Carolina University, hereinafter, called UNIVERSITY, and _____ (Agency/Organization)
_____ (City, State, Zip Code) hereinafter called AGENCY.

The purpose of this agreement is to make clear the roles and responsibilities of both parties, namely UNIVERSITY and AGENCY, in the sponsorship of a student Internship.

The term of this agreement will commence with the date of the final signature and end upon completion of the Internship unless terminated by either party. Both parties understand that this agreement may be modified or revised through written amendments, by mutual consent.

1. JOINT RESPONSIBILITIES

- A. The UNIVERSITY and the AGENCY enter into this affiliation for the purpose of educating and training a Coastal Carolina Student Intern, hereinafter referred to as "student(s)".
- B. UNIVERSITY and AGENCY will comply with all Federal and State laws and regulations prohibiting discrimination.
- C. The program of student education and training with the AGENCY and the scheduling of his/her education at the AGENCY will be determined by mutual agreement between the AGENCY and the UNIVERSITY.
- D. Both the UNIVERSITY and the AGENCY agree that the education and training of the student will complement the services and educational activities of the AGENCY; however, it is understood that the student will be under the supervision of an AGENCY staff member acceptable to the UNIVERSITY, and the UNIVERSITY will designate a faculty supervisor acceptable to the AGENCY.
- E. Both the UNIVERSITY and the AGENCY will maintain confidentiality of consumer and student records at all times.
- F. The UNIVERSITY is responsible for dismissal of a student for academic or disciplinary reasons, but the AGENCY maintains the right to remove a student from an affiliation if the student does not comply with the rules, policies, procedures, or standards of the AGENCY. In the event of the student's removal by the AGENCY, the Career Services Internship Coordinator and Faculty Liaison at the UNIVERSITY must be notified prior to dismissal. Both the UNIVERSITY and the AGENCY will determine jointly if and when a student should be permitted to return to the AGENCY and continue the Internship experience.

2. RESPONSIBILITIES OF THE UNIVERSITY

- A. The UNIVERSITY will have control over all phases of the Student Internship program, including eligibility requirements, faculty supervisor appointments, grading, and all other pertinent matters that are internal to the UNIVERSITY. The UNIVERSITY will maintain the necessary records of participating students.
- B. The UNIVERSITY will employ an Internship Coordinator to coordinate scheduling with students and AGENCY personnel, to provide current Internship guidelines to AGENCY personnel, and to assist in resolving problems and difficulties.

- C. The UNIVERSITY will assign students to the AGENCY for their education and training in accordance with the UNIVERSITY calendar and the agreement reached on the capacity of the AGENCY to accommodate students for the necessary education and training.
- D. The UNIVERSITY will provide general tort liability insurance coverage for actions of the Student Intern during the academic course and within the scope of their employment in such programs. This policy does not cover injuries to the Student Intern or other employees caused by actions of AGENCY employees or other AGENCY parties.

3. RESPONSIBILITIES OF THE AGENCY

- A. The AGENCY will offer sufficient materials and activities to provide students with adequate orientation, understanding, and evaluation of their duties and responsibilities.
- B. The AGENCY will provide instruction and supervision by qualified professional personnel. The AGENCY also agrees to notify the UNIVERSITY of any changes in staffing or in its services that will affect a student's internship experience.
- C. The AGENCY will provide the student and the UNIVERSITY with written notifications of any requirements for the student to have liability insurance (including amounts), health insurance, or physical examinations prior to the start of the internship experience. The AGENCY may stipulate that the student provide evidence to the AGENCY personnel that all such requirements have been met.

Coastal Carolina University
 PO Box 261954
 Conway, SC 29528

 Agency/Organization Name

 Coastal Carolina University Internship
 Coordinator Signature

 Agency/Organization Supervisor Signature

 Coastal Carolina University Internship
 Coordinator Name (please print)

 Agency/Organization Supervisor Name
 (please print)

 Date

 Date

 Coastal Carolina University
 Department Chair Signature

 Provost, Coastal Carolina University Signature

 Coastal Carolina University
 Department Chair Name (please print)

 Provost, Coastal Carolina University Name
 (please print)

 Date

 Date