

INTERNSHIP CONTRACT/AGREEMENT FORM

Academic Semester Spring Summer Fall

STUDENT DETAILS

Name	
School ID Number	
Major	
Concentration	
Minor	
Email Address	
Mobile Number	

COMPANY DETAILS

Organization Name	
Location	
Company's Phone Number	
Name - Contact Person/Hiring lead	
Job Title / Designation	
Mobile Number	
Email address	
Working hours per day	

ROLE SPECIFIC DETAILS

Begin Date	
End Date	
Working hours per day	
Intern Duties/Job Description in Summary	
Compensation (If Any)	
Supervisor's Details	
Name	
Job Title / Designation	
Mobile number	
Email address	
Supervisor's signature	

USIU-Africa Internship Office Approval (For official use)	Internship Coordinator	Date	Sign
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P.O. Box 14634 - 00800 Tel. 254-730-116000, 0730116777/780, Fax 254-20-3606100
Nairobi, Kenya



INTERNSHIP INDEMNITY FORM

To be filled by the student

I _____, Student ID. No. _____ hereby agree to indemnify, hold and save harmless, and defend, at my own expense USIU-Africa from and against any loss, injury or damage to me or my property, or for any loss, injury or damage arising out of my acts or omissions and suffered by _____ (Internship Company) during my internship.

I choose to participate in this internship at my own risk and hereby personally assume any & all risks & liability and hereby indemnify USIU-Africa from any and all liability for any injury, damage or loss to myself or property, occasioned by my acts or omissions and arising out of or in connection with the internship.

I agree to act in a professional and responsible manner while on the internship and to follow the rules and directions of the supervisors at all times. I acknowledge that USIU-Africa, may not be able to intervene if I become involved in acts of crime or violence; however, in the unfortunate event that I am the victim of a crime or violence, or have a problem I will notify the Internship office at the earliest opportunity and fully co-operate with the relevant authorities as necessary to resolve the matter.

I further acknowledge that USIU-Africa is not responsible for making any payments for me while I am on internship.

Signature (student): _____ Date: _____

Witness Name & Signature: _____ Date: _____

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<p><i>For USIU Internship Office Use Only</i></p> <p>Date received:</p> <p>Internship start date:</p> <p>Checked by:</p>
