

AGREEMENT PACKET

This is the "Agreement Packet" which you and your employer should complete and sign. All of the forms in this packet must be returned to us at the Information Meeting or after the first day your internship begins. Students interning outside New York City are excused from the information meeting, but must mail or fax the appropriate information to the Internship Office in a timely manner. You may want to make a copy of this packet for your own records.

Please provide us with the following:

1. **Internship Agreement Form:** You fill out all the information. Be sure contact information for you and for your supervisor is correct and complete (*including zip codes!*). We need this information in order to send updates to you during the semester, and in order to send the "Employee Evaluation" form to your supervisor. You and your supervisor sign the Internship Agreement Form.
2. **Objective/Task Form:** You and your supervisor fill this out together; both sign.
3. **Insurance Form:** You sign.
4. **Anti-discrimination Notice and Form:** Give the flyer to your supervisor. Ask your supervisor to fill out and sign the form.

This *completed* Agreement Packet confirms for our office that you have secured an internship. If you do not hand in a complete Agreement Packet, we will not know where you are working and we will not be able to submit a grade for your internship. If you are working for more than one company, you must hand in an Agreement Packet for each company.

We hope you will have a great time in your internship. Stop by and visit us to let us know how it is going-- especially if you have any problems BUT we also like to hear success stories!

Sincerely,

Adam Underhill
Internship Coordinator

Wendy Kaplan
Administrative Director

INTERNSHIP INFORMATION FORM

Student fills out this section . . .

STUDENT'S NAME:	
ADDRESS (include zip code!)	
EMAIL:	
PHONE NUMBER:	
SOCIAL SECURITY NUMBER:	
SEMESTER/COURSE NUMBER:	
CREDITS:	
EXPECTED GRADUATION DATE:	

Supervisor fills out this section . . .

SUPERVISOR'S NAME:	
SUPERVISOR'S TITLE:	
COMPANY NAME:	
DEPARTMENT:	
ADDRESS (include zip code!)	
PHONE NUMBER:	
FAX:	
EMAIL:	
WWW URL:	
INTERNSHIP START DATE:	

BOTH Please Sign Here . . .

Supervisor's Signature

Intern's Signature

OBJECTIVE/TASK FORM

**STUDENT AND SUPERVISOR
FILL OUT THIS FORM TOGETHER.
STUDENT RETURNS FORM TO
INTERNSHIP OFFICE.**

Company Name:

Department:

Supervisor's Name:

An internship agreement between New York University/Tisch School of the Arts, Film & TV Dept., the student, and the Company Supervisor is intended to create a working relationship for the student that accomplishes valuable skills and/or knowledge either through observation or practice. The following objectives and activities are intended to clarify this agreement for all parties involved.

PART I. THREE OBJECTIVES that describe what skills and/or knowledge the student agrees to accomplish under the guidance of the Company Supervisor (to be filled out by both):

1. _____
2. _____
3. _____

PART II. SIX ACTIVITIES/TASKS (two per objective) that will enable the student to accomplish the above objectives under the guidance of the Company Supervisor (to be filled out by both):

1. _____

2. _____

3. _____

4. _____

5. _____

6. _____

This agreement binds the school, the student, and the company to create a learning experience that is both rewarding to the student and to the company; this form must be signed by all three parties.

Student/Date

Company Supervisor/Date

Faculty/Date

STUDENT FILLS OUT THIS FORM.
RETURN FORM TO INTERNSHIP OFFICE.

INSURANCE FORM

If you are injured at your internship, the company or corporate sponsors of your internship should be held accountable. Because we have had difficulty with this in the past, you should also plan to use your own health insurance to cover any injuries. To insure that we understand your current insurance coverage, **please sign one of the following statements:**

1. NYU Health Insurance Plan

I am currently covered under the NYU Health Insurance Plan. (It is mandatory for all resident students to be insured while residing in NYU housing.)

STUDENT'S NAME: _____

SIGNATURE: _____ DATE: _____

2. Personal or Family Health Insurance

I have personal or family health insurance that will cover my internship participation.

STUDENT'S NAME: _____

SIGNATURE: _____ DATE: _____

3. No Health Insurance, NYU Not Responsible

I do not have insurance and hereby absolve NYU of any responsibility.

STUDENT'S NAME: _____

SIGNATURE: _____ DATE: _____

ANTI-DISCRIMINATION FORM

_____ Agrees to observe all Federal, State, and
(Print Company Name)

Local laws, and New York University policy prohibiting illegal discrimination on the bases of race, color, religion, national origin, age, sex, sexual orientation, handicap or disability, disabled veteran or veteran of the Vietnam era, status, including but not limited to all aspects of employment or education.

_____ Acknowledges receipt of a copy of the
(Print Company Name)

New York University's written policies prohibiting such discrimination.

Supervisor's Name: _____

Supervisor's Signature: _____

Date: _____

New York University
Affirmative Action Policy

New York University is committed to a policy of equal treatment and opportunity in every aspect of its relations with its faculty, students, and staff members, without regard to age, citizenship status, color, disability, marital or parental status, national origin, race, religion, sex, or sexual orientation. This includes, but is not limited to, recruitment, hiring or appointment, selection for training, transfer, layoff, promotion, granting of tenure, rates of pay and forms of compensation, and participation in University-sponsored educational, social, and recreational programs.

It is New York University's firm policy, in accordance with the requirements of Title IX of the Educational Amendments of 1972 and implementing federal regulations, not to discriminate on the basis of sex in the operation of the University's educational programs and activities. Federal requirements of non-discrimination on the basis of sex include employment by the University and admission to the professional and graduate schools of the University. Title VI of the Civil Rights Act of 1964 is similar in its prohibition of discrimination on the basis of race, color, or national origin.

Federal regulations require that affirmative action be taken to employ and advance in employment disabled people, disabled veterans, and veterans of the Vietnam Era.

Inquires regarding the application of the federal laws and regulations concerning equal employment and educational opportunities at New York University may be referred to: Evelynne R. Patterson, Associate Vice President for Equal Opportunity, New York University, Elmer Holmes Bobst Library, 70 Washington Square South, Room 1202, New York, NY 10021. Ms. Patterson is also the University's Section 504 coordinator (equal opportunity for the disabled) and Title IX Coordinator (equal opportunity without regard to gender). Inquiries may also be referred to the director of the Office of Federal Compliance, U.S. Department of Labor.

New York University
Policy on Sexual Harassment

New York University is committed to maintaining a learning and working environment for all students, faculty, and staff that is fair, humane, and responsible - an environment which supports, nurtures, and rewards career and educational advancement on the basis of ability and performance. Sexual harassment undermines the character and purpose of the University.

Title VII of the Civil Rights Act of 1964, as amended, as well as state and local law, prohibits unlawful discriminatory treatment of any employee on the basis of sex. At New York University, we expect ALL members of our community to act in accordance with this law. The University will not tolerate discriminatory conduct and will take prompt and remedial action upon receipt of knowledge that such behavior has occurred.
