



Internship Application

Personal Information

Student's Name: _____ Student URI ID: _____

Preferred Email: _____ Phone: _(____)_____

Address: _____
Street City, State Zip Code

Emergency Contact Details

Emergency Contact Person: _____

Relationship to Student: _____ Emergency Contact Phone Number: _(____)_____

Academic Details

Major/Program: _____ Second Major/Minor: _____

Year in School: _____ Credits Earned: _____ Overall GPA: _____

Anticipated Graduation Date: _____

Internship Details

Organization Name: _____ Phone: _(____)_____

Address: _____
Street City, State Zip Code

Brief Description of Responsibilities: _____

Prerequisites that qualify you for the position: _____

Dates of internship: _____ Number of hours per week: _____

Number of Credits Expected: TMD 461: _____ TMD 462: _____

What are your career goals?

University of Rhode Island
Department of Textiles, Fashion Merchandising and Design
Student Agreement and Release

I (print full name) _____ agree to fulfill all academic obligations as outlined in my learning contract and all financial obligations incurred while participating in the URI TMD Internship Program during the _____ (Academic Semester)

I understand and agree to the following:

1. Release of Information

I give permission to the University of Rhode Island's Department of Textiles, Fashion Merchandising and Design (TMD) Internship Program to contact the URI Office of Student Life in order to verify that I am under no disciplinary sanction for violation of codes of student conduct and/or that I have no judicial cases pending which would invalidate my eligibility for an internship. I understand that the collection, retention and dissemination of my records and information about me is subject to federal regulations under the Family Education Rights and Privacy Act of 1974. This means I am responsible for specifying the persons or agents who may have access to my records. By signing this agreement and release, I therefore give permission to collect and release information to the Internship Program.

I release and waive, and further agree to indemnify, defend and hold harmless, the University of Rhode Island and the Board of Governors for Higher Education, their employees and agents from and against any and all claims, demands, or actions which I, my spouse, my heirs, administrators, executors, representatives and assigns may have for any losses, damages or injuries, including death, arising out of or in connection with my participation in the internship or rendering of any emergency medical procedures or treatments and all related costs and expenses.

2. Tuition/Program Fees for the URI TMD Internship

I understand the tuition/program fee and agree to pay this amount. I will also pay all required tuition/fees or housing costs of the internship site program according to established procedures. I understand that all financial obligations for the URI TMD Internship Program must be fulfilled prior to receiving credit.

3. Personal Safety, Health Insurance and Car Insurance

I will obtain and maintain health insurance that is satisfactory to my internship site. I will obtain any required immunizations as well as comply with any other medical matters relating to my participation in the TMD Internship Program. I understand that URI cannot guarantee my health and safety while in this internship program. I am responsible for acting prudently and exercising caution and common sense at all times.

I also understand that I may be using many different forms of transportation to participate in this program. I agree that neither URI, nor the internship site would be held responsible for any personal injury, death, or loss or damage to property suffered by me during periods of travel with and independent of the internship program. If I drive an automobile to and from or during this internship, I will obtain and maintain car insurance throughout the duration of my internship. I will provide the TMD Internship Program with a copy of my current car insurance and driver's license prior to the start of the internship.

4. Rules and Regulations

I agree to conform to all applicable rules, regulations, and policies of the TMD Internship Program and my internship site. I also agree to abide by the policies governing student conduct, both academic and otherwise, as published in URI Student Rights and Responsibilities and by the policies of my internship site. I understand that failure to conform to these rules and regulations may result in disciplinary action by URI or the internship site or in termination of participation in the program.

5. Consent and Parental Involvement

I understand that it is my responsibility, not that of the TMD Internship Program or internship site, to provide my parent/guardian with all information about my internship program. I agree that in the event of an emergency, as determined by the coordinator, she/he or her/his designee may contact the person identified in case of emergencies and share with the said contact person the nature and circumstances of the emergency and obtain from said person all necessary medical or health care information.

6. Learning Contract

I will meet with my internship site supervisor prior to the start of my internship to create my Learning Contract. I will submit my Learning Contract to my URI TMD internship advisor prior to registering for the internship.

The terms of this agreement apply to the length of the internship including any subsequent alterations in duration. I have read this agreement and release, understand its contents, and acknowledge that I am signing it voluntarily.

Student _____ Student ID# _____
(Print Name in Full)

Student Signature _____ Date _____

Emergency Contact Person: _____ Telephone: _____

URI Internship Staff Signature _____ Date _____