



**SCHOOL OF RESORT & HOSPITALITY MANAGEMENT
INTERNSHIP 2 LETTER OF AGREEMENT**

Student Intern (please type or print in ink)

I, _____ (Student) agree to an internship agreement with
_____ (Employer) located in _____ (City), beginning on
_____ (Day and Date) and ending on _____ (Day and Date).

Supervisor of Intern at Hosting Property (please type or print in ink)

The above company has agreed to employ the said student for the period of time indicated. The student and I, _____ (Name and Title) will meet weekly for discussions regarding progress. I will be responsible for the evaluations of the student and the overall supervision of the internship experience. My phone number is _____ and my email is _____. I am in the _____ department. The Employer confirms its commitment to not discriminate based on race, color, religion, disability (or handicap), sex, age, national origin, marital status, genetic predisposition, sexual orientation, gender identity/gender expression, or veteran status.

The student shall be considered a member of the staff and have the accompanying responsibilities and privileges. It is required that the student work a minimum of 500 total hours (equivalent to 3 university credit hours). If a student wishes to complete the internship within one semester (16 weeks), then the student should work approximately 35 hours per week. If the student and employer agree to a longer time frame, then the student's schedule may vary to meet employer needs or the student's class schedule.

PURPOSE

The parties specified in this Agreement have determined that they have a mutual interest in providing for student learning experiences with the above Employer. Florida Gulf Coast University has determined that student placements with Employer are consistent with the goals and objectives of the curriculum and will enhance the program of study.

TERM

Effective date for the Agreement shall be the date indicated above. It shall run continuously without necessity for renewal.

Either party, upon written notice of at least fourteen (14) days, may terminate this Agreement.

STUDENT (please print)

Name _____ FGCU UIN _____ Term _____

Address _____

City _____ State _____ Zip _____

Phone _____ FGCU Email _____

Internship 1 ☐ Internship 2 ☐ (check one) Credit hours earned _____

EMPLOYER (please print)

Organization/Company Name _____

Address _____

City _____ State _____ Zip _____

Site Supervisor/Mentor's Name _____ Title _____

Phone _____ Email _____

Please note: the student evaluation will be sent to the email address provided above.

INTERNSHIP POSITION (To be completed by Organization/Company)

Internship Title: _____ Pay: _____

I understand that I am committing myself to working 500 hours for the employer listed. I acknowledge that I have been advised to register for a lighter course-load (0-9 credit hours in addition to the internship) for the duration of my internship. By taking a smaller course-load, I understand that I can and should make these credit hours up with additional courses when I am not committed to an internship. In many instances, this includes summer courses.

I have read and reviewed the Internship Agreement attached

Student Signature _____ Date _____

Employers HR Director/GM Signature _____ Date _____

Internship Approved Florida Gulf Coast University Board of Trustees:

Dean/Designee Signature _____ Date _____



School of Resort & Hospitality Management

10501 FGCU Blvd. South

Fort Myers, Florida 33905-6565

Internship 2 Employment Plan

(To be completed by Employer)

Student's Name: _____ Date: _____

Internship Site: _____

Site Supervisor/Mentor: _____

KEY INDUSTRY WORK SECTORS

- | | |
|--|--|
| <input type="checkbox"/> Lodging | <input type="checkbox"/> Recreation |
| <input type="checkbox"/> Spa | <input type="checkbox"/> Tourism |
| <input type="checkbox"/> Food & Beverage | <input type="checkbox"/> Private Club |
| <input type="checkbox"/> Transportation | <input type="checkbox"/> Events/Catering |

INTERSHIP POSITION TITLE: _____

INTERN TASKS, ACTIVITIES, PROJECTS, EVENTS AND/OR ROTATIONS AND SUPERVISORY TRAINING (OR ATTACH A PLAN)

Position / Department / Responsibility	Hours or % of time
1. Supervisory Training to include:	
2.	
3.	
Additional (if needed)	
Additional (if needed)	
Additional (if needed)	
	500 hours or 100%

KNOWLEDGE, SKILLS, AND ABILITIES REQUIRED TO PERFORM INTERNSHIP RESPONSIBILITIES

Please note if intern plan needs to be amended at any time, please contact
Jennifer McGurk, Internship Coordinator at 239 590 1460 or email jenmcgurk@fgcu.edu.

Student Signature Date

Employers Human Resources Director/General Manager Signature Date

FGCU Internship Coordinator Signature Date