

3100 Stamp Student Union College Park, MD 20742 301.314.8508 TEL 301.314.7026 FAX http://thestamp.umd.edu

Internship Agreement

To be completed by the intern and supervisor on or before first day of internship.

Name:	UID:				
Local Address:					
Street Address		Apt. No.			
C'.	G	7: 0.1			
City	State	Zip Code			
Local Telephone:	Email:				
Permanent Address:Street Address		Apt. No.			
City	State	Zip Code			
Student's Academic Status: Freshr	menSophomore Junior Senior	Graduate			
Semester of Internship: Fall S	SpringSummerYear				
Current GPA: Ex	spected Graduation Date:				
Stamp Unit:					
Intern Supervisor:					
•	Name				
	Official Title				
Phone Number:	_				
Email:	-				
Number of Weeks per Semester:	(15 or 16 is typical)				
Number of Hours per Week:	(8-10 is typical)				
Student's Contract Period is from:					
	Start Date End Date				
Hourly Wage (or stipend): \$	(if applicable*)				

^{*}Indicate Pay schedule if paid via stipend/non-standard pay (approximately2 payments allowed per semester)

<u>Career Fit</u> (to be completed by student) Students are advised to select internships the this internship fits with your personal careed already worked or volunteered, you should	hat allow exposu er goals. If you a	re choosing an internship in a uni	t in which you have
the development of new skills and exposur	e to new experie	ences.	
Supervision (to be completed by super Please detail the manner in which the stude of on-site training will be provided, how th hours/days), will planning sessions be cond	ent intern will be ne supervision w		
	-		
Professional Learning Goals (to be con In addition to meeting site needs, internship professionally. Please provide three areas i aptitudes. Also provide a corresponding intern will expand his/her skills and experience.	ps are expected to n which the inte- ternship initiative	to provide opportunities for the sturn is seeking to expand his/her pro	ofessional skills and
Student Learning Goal		Internship Initiative, resp	onsibility, project
1.			
2.			
3.			
3.			
4.			
5.			
<i>J</i> .			
	L		
We, the undersigned, understand the purpo abide by the position details specified above necessary.			
Candont Companie	Dot-	Supervisor Signature	Dete
Student Signature	Date	Supervisor Signature	Date



Center for Campus Life

As a student of the University of Maryland College Park, you have agreed to abide by the policies set in forth in the Code of Student Conduct. As an employee of the Adele H. Stamp Student Union, we hold you to these standards of conduct set forth by the University. Students who are found to have violated the University's Code of Student Conduct may be held accountable for their actions and reprimanded at a level appropriate to the infraction.

The University of Maryland policies can be found at: http://osc.umd.edu/OSC/StudentsInfo.aspx.

Acknowledgement of receipt of this policy:
Check One: Undergraduate Graduate
Name (Printed)
Date
Signature



Statement of Expectations for Confidential Information The Adele H. Stamp Student Union – Center for Campus Life

Information to which University of Maryland, College Park employees might have access in order to perform duties may be considered confidential and protected by University policy and/or federal and Maryland law. This statement sets forth minimum expectations for employee access to and use of confidential information.

To fulfill the duties and responsibilities of employment, employees may need to access personally identifiable information of students, prospective students, employees, campus affiliates, alumni/ae, donors, or guests which is confidential in nature. Such information may include, but is not limited to:

- Social Security number, University Identification Number
- Admission, academic, and other educational records
- Job applicant records (names, transcripts, etc.)
- Employment and payroll records
- Usernames, passwords, "secret questions and answers" or other ID/password combinations for applications that contain or use personally identifiable information
- Credit card, debit card or credit-related information
- Bank account information
- Driver's license number
- Passport number
- Photographic image or picture
- Physical or mental health or personal affairs.

This confidential information may take the form of documents, files, data, notes, records, electronic materials or oral information. The university has a legal and ethical responsibility to protect confidential information and to safeguard the privacy of personally identifiable information.

Please be advised that:

- Personally identifiable information contained in student education records (any record containing information directly related to a student) is deemed confidential. Disclosure of information contained in such records is prohibited except as permitted by the Family Educational Rights and Privacy Act (FERPA) and by the university's "Policy on Disclosure of Student Records."
- 2. Personally identifiable information contained in employment or affiliate records (any record containing information directly related to a University employee) is deemed confidential. Disclosure of information contained in such records is prohibited except in accordance with federal and state law. Guidance for any such disclosure should be in consultation with the employee's supervisor, University Human Resources, and/or Office of General Counsel.
- 3. Contractual, financial, and business process information is deemed confidential and cannot be disclosed unless authorized in advance by the employee's supervisor or department director.

- 4. Accessing or seeking to gain access to personally identifiable information, except in the course of fulfilling the employee's job responsibilities, is prohibited.
- 5. Disclosing, using, and/or altering any such information without proper authorization is also prohibited.
- 6. Any request by the media to provide personally identifiable, confidential, or sensitive information on behalf of Stamp or the University must be directed to Stamp Marketing. All immediate concerns can be directed to the Information Desk who will notify the administrative staff responsible for responding.

If I have any questions regarding access, use, or disclosure of confidential University information I understand that is it my responsibility to consult with my supervisor or department director. Further, I will not, at any time either during or after my employment, make unauthorized disclosures of confidential University information.

Failure to meet expectations regarding confidentiality as outlined in this Acknowledgement may result in disciplinary action in accordance with University policies and procedures, State and federal laws and applicable collective bargaining agreements up to and including dismissal. Employees with access to confidential information may also be subject to criminal penalties for the unauthorized access, use and/or disclosure of such information.

By my signature below, I acknowledge receipt of the "Statement of Expectations for Confidential Information," have read and understand its contents. Further, I understand this signed acknowledgement will be maintained in my personnel file.

Employee Signature	
Employee Name	
Date	