

**AGREEMENT FORM**  
**SOCIOLOGY/ANTHROPOLOGY 398.01/398.00**  
**PROFESSIONAL PRACTICE INTERNSHIP**  
*Illinois State University*

Students may use six (6) credits of professional practice toward their sociology major. Sixteen (16) credits overall may count toward graduation. Students work ten hours per week for three credits or twenty hours per week for six credits.

**SECTION A:** (to be filled out by student)

Name: \_\_\_\_\_ UID \_\_\_\_\_

Address during internship (**MANDATORY**) \_\_\_\_\_  
\_\_\_\_\_

E-mail: \_\_\_\_\_ Phone \_\_\_\_\_

Session enrolled: Spring/Summer/Fall 20 \_\_\_\_ How many credits? \_\_\_\_\_

**SECTION B:** (to be filled out by employer)

Name/Company \_\_\_\_\_

Address (**MANDATORY**) \_\_\_\_\_

Supervisor's phone number: \_\_\_\_\_

Company's fax number: \_\_\_\_\_ Email: \_\_\_\_\_

Site Supervisor \_\_\_\_\_ Supervisor's Title \_\_\_\_\_

Begin Date \_\_\_\_\_ End Date \_\_\_\_\_ Student's position \_\_\_\_\_

Hours worked per week \_\_\_\_\_ Paid \_\_\_\_\_ Unpaid \_\_\_\_\_ Salary \$ \_\_\_\_\_  
(10 hours per week over 15 weeks in the semester = 3 credits, 20 hours/week for 15 weeks = 6 credits)

*Please attach a sheet describing the various tasks this intern will perform for you.*

Student's signature \_\_\_\_\_ Date \_\_\_\_\_

Site Supervisor's signature \_\_\_\_\_ Date \_\_\_\_\_

Internship Coordinator's signature \_\_\_\_\_ Date \_\_\_\_\_

Student and site supervisor sign and return to:

**Undergraduate Advisor**  
**Department of Sociology & Anthropology**  
**Campus Box 4660**  
**Illinois State University**  
**Normal, IL 61790-4660**

**Tuition will be assessed for internship credit hours just like any other class.**

## **ACKNOWLEDGEMENT OF RISK/EXTERNAL EXPERIENCE FOR CREDIT**

The undersigned acknowledges he/she is a student at Illinois State University (“ISU”), and wishes to participate in a pre-student teaching, student teaching, professional practice, clinical hours, internships, and/ or other external experiences (hereafter “clinical experiences”). In consideration of ISU’s support of the internship, and credit to be earned because of my participation in clinical experiences, the undersigned understands and acknowledges the following:

- 1) The undersigned understands that the clinical experience may take place at a third-party site that may have health and safety standards different from those at ISU, and that undersigned may be subjected to potential risks such as illness or injury. These risks may arise from causes which are many and varied and may not be foreseeable.
- 2) The undersigned acknowledges and understands that the third-party site is not under the control of ISU and that ISU cannot ensure the appropriateness of the clinical experience site, and that ISU makes no assurances, expressed or implied, about the safety or suitability of the site.
- 3) The undersigned represents that he/she will either undertake a personal investigation of the site and/or will otherwise knowingly assume any risks associated with participating in a clinical experience at the site.
- 4) The undersigned will obtain and maintain health, accident, disability, hospitalization and/or travel insurance as he/she may deem necessary during the clinical experience and will be responsible for the costs of such insurance and for any expenses incurred that are not covered by insurance.
- 5) The undersigned acknowledges and agrees that ISU is not responsible for providing any automobile insurance coverage if he/she/they choose to use a personal vehicle for the benefit of the clinical experience site while performing this clinical experience. The undersigned also understands that he/she/they is fully responsible for any travel to and from the professional practice, and/or housing at the clinical experience site.
- 6) The undersigned acknowledges and agrees that the clinical site may make changes and/or have interruptions to the clinical experience and ISU will not be responsible for any damages, losses, interruption, or liability of the undersigned, that arise from circumstances beyond the control of ISU (including without limitation strikes, work stoppages, accidents, acts of war or terrorism, civil or military disturbances, nuclear or natural catastrophes or acts of God, business interruptions, disease, national or local emergency, government action or inaction, travel restrictions, loss or malfunctions of utilities, communications or computer (software and hardware) services. The undersigned agrees he/she/they takes full responsible for any such damages, losses, or liabilities.

I have read this acknowledgement of risk and fully understand its terms.

Name (Printed) \_\_\_\_\_ Date \_\_\_\_\_

Signature \_\_\_\_\_

## CLINICAL VACCINATION REQUIREMENT FORM

In addition to any University requirements, all students engaged in external experience for credit are subject to any applicable policies and/or procedures of the clinical experience site.

Please indicate which options for meeting clinical vaccination and/or testing requirements for your external experience you select.

- Comply with the site requirement. I understand that I will be required to provide proof of full compliance to the site prior to starting the clinic experience.
- Request an exemption or accommodation from the site. Please understand that the site controls who can access the site based on its rules and policies. ISU's testing protocol and/or testing exemption process does not extend to site-specific requirements. If you select this option, please complete the form below.
- Request a replacement site. Please understand that the University may not be able to find an alternate placement. In addition, there may be no alternate placement available in the current semester, causing you to experience a delay in completion of the clinical experience and potentially delay graduation.

### **Accommodation Request from the Site**

I would like to request an accommodation for the external site requirement of vaccination from \_\_\_\_\_ (site name)

I understand that the external site may require additional information that may include but is not limited to medical or other documentation for the accommodation. I understand that the site may require additional information/documentation to assess my request and this information is shared directly with the site. I understand that the site makes the sole determination of the process and/or decisions related to accommodations.

Printed Name \_\_\_\_\_

Contact Information \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_

Office Use: Date sent to external site _____ Staff initials _____
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