

Internship Contract COSC 3Q95

I, (Name & Student ID #) _____ am an
undergraduate student in the Department of Computer Science. I agree to serve as an
internship student with:

Internship Organization:

Address:

Postal Code:

Supervisor's Name (please print):

Supervisor's Title:

Supervisor's Phone:

Supervisor's Email:

Student Information: COSC Student?

Student's Phone #:

Student's Brock Email Address:

@brocku.ca

Intern Job Title:

Total Hours:

Paid Post:

Hourly Wage:

Term:

Start Date:

End Date:

Job Description: To be attached to this form - a description of the intern's responsibilities, the objectives and the time frame.

Is the internship covered by the organization's Workplace Safety & Insurance Board (WSIB)?

By signing below, you agree to all conditions listed above:

Student Intern

Date

Internship Supervisor

Date

Project Coordinator (DDH)

Date

Note: This form must be completed and signed prior to beginning the internship experience. The student is responsible for submitting this form to the Project Coordinator (Department of Digital Humanities) to receive the necessary override to proceed with COSC 3Q95. It is the student's responsibility to gain an understanding of which type of insurance coverage they have access to and the parameters and limitations of said coverage. Additional information regarding coverage can be directed to Brock University, Health, Safety and Wellness Department 905 688-5550 ext. 4237 or ext. 6086.

Should an Accident or Injury Occur:

- Immediately inform Human Resources, Brock University **905-688-5550 ext. 6086** and the appropriate officer in your organization. **Claims management will be handled by Brock University.**
- Notify the Department of Digital Humanities Coordinator (905-688-5550, ext. 4622)
- Complete an Incident Report provided by your organization. Make at least one copy to provide to Brock University