Each student is required to complete 320 hours of internship (hands-on) training in the hospitality industry as a requirement for graduation. The student will be receiving course credit upon successful completion of the internship experience. This agreement will serve as a memo of understanding between the Employer and the Student. This document is necessary for the student to enroll in the course and receive credit for the internship.

Please direct any questions to: Steven M. Ruby, Internship Coordinator
365 Human Sciences Phone: 405-744-7110
Stillwater, OK 74078 rubys@okstate.edu

PLEASE PRINT OR TYPE.

Part 1 – To Be Completed by Student

Name of Student ___________________ CWID#_____________________
Student’s Phone _________________ Student’s Email _______________________
Semester Completing Internship: ☐ Fall ☐ Spring ☐ Summer 20___
Employer ___________________________ Contact email _________________________

Check one box which best describes the type of internship:
☐ Restaurant/F & B ☐ Lodging ☐ Event/Meeting Planning
☐ Gaming/Casino ☐ Country Club ☐ Travel/Tourism ☐ Other ______________

Expectations of Student:

☐ Be a model employee, ask questions, be observant, get involved and represent Oklahoma State University in a professional manner.
☐ Gain first-hand knowledge and apply management theory to analyze the practices of management in the industry.
☐ Demonstrate an attitude and demeanor of professionalism as a prospective manager in the hospitality industry.
☐ Complete a minimum of 320 hours of internship training and complete requirements outlined in the course syllabus.
☐ Complete course assignments as assigned in syllabus.
☐ Fulfill your commitment to your employer regarding dates of employment and hours as assigned.
Memo of Understanding
I have read and understand the expectations of the student as a part of the HRAD 3443 Internship experience for The School of Hotel and Restaurant Administration at Oklahoma State University. I agree to meet the expectations as outlined and understand that failure to meet these expectations may have an impact on my final grade for the course.

____________________________________  _____________
Student Signature                      Date
Part 2 – To Be Completed by the Employer

Student Name: __________________________________________________________

Company Name: ________________________________________________________

Property of Employment: ________________________________________________

Property Address: _______________________________________________________

City                                      State          Zip

Name and Title of Supervisor: ______________________________________________

Supervisor’s Phone: ___________________ Supervisor’s Fax:____________________

Supervisor’s Email: ________________________________________________________

Period of Internship: From _____________ through ______________

Hours: _______ hours/week      Total hours: __________

Student’s position title: _________________________________________________

Rate of Pay (if applicable): $__________ per __________

Responsibilities of student (provide a short list of primary duties/tasks/projects):

Expectations of the Employer:

➢ Allow the student to work a minimum of 320 hours.
➢ Keeping practical considerations in mind, expose the student to as many management/departmental/functional areas of the hospitality industry as possible in order to prepare them for management within the industry.
➢ Provide feedback to the student intern regarding performance and career development.
➢ Schedule the student according to company needs and supervise the student at each stage.
➢ Complete the Performance Evaluation Form for the student based upon their individual performance during their internship.

Memo of Understanding
I have read and understand the expectations of the employer as a part of the HRAD 3443 Internship experience for The School of Hotel and Restaurant Administration at Oklahoma State University. I agree to meet the expectations as outlined and provide the student with a written evaluation upon completion of the required work hours.

_________________________________________  ______________
Employer Signature                                      Date

(Please keep a copy for your records)