Office of Internships and Experiential Learning (IEL)
A Division of the Frank L. Ciminelli Family Career Resource Center
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MANAGEMENT BY OBJECTIVES CONTRACT (MBO)

The MBO is to be completed after an internship offer has been made. All information therein is to be read and completed by both the supervisor and the student. Once this form has been submitted to IEL, upon approval the student will be registered for academic credit. Save a copy of this contract for your records.

Student Name _______________________________________

Internship Semester and Year (Fall, Spring or Summer) _______________________________________

Internship Position Title _______________________________________

SUPERVISORS - As an internship supervisor, I understand the following:

1. I have reviewed students’ qualifications, selected an intern, and assigned projects without regard to age, race, gender, national origin, religion, disability, color, or marital status.

2. Supervision/Mentoring: I agree to act as (or appoint) an intern Supervisor with expertise pertaining directly to the internship; responsible for mentoring and supervision of all activities of the intern while on site. The Supervisor will review the intern’s learning/progress on projects with the intern on a consistent basis and provide appropriate feedback. I understand this may be the student’s first experience in a professional environment and that mentoring is a regular function of the supervisor.

3. Learning Objectives: I will provide meaningful opportunities of educational value in the project areas for which the internship is designed* (marketing, accounting, human resources, etc.).

*Basic administrative responsibilities will not exceed 25 percent of the intern’s time.

4. Evaluation: In addition to regular mentoring and feedback to my intern(s) throughout the internship experience, I understand the Office of Internships and Experiential Learning prefers an on-line evaluation to be completed at the end of the academic semester for which my intern is registered (UB does not expect disclosure of proprietary company information).

5. I agree to report any changes, concerns or questions I may have regarding the intern or internship experience directly to the IEL administrative director.

6. I agree that my relationship with the intern(s) will remain professional at all times.

7. I understand that the intern, as a matriculated UB student, is covered by his or her own comprehensive health insurance.

8. I understand that it is the policy of the State University of New York, of which UB is a part; that UB is not responsible for the independent actions of a student intern and will not sign any hold harmless agreements. I also understand that this statewide policy is in accordance with the policies outlined by the Cooperative Education and Internship Association (CEIA), the National Association of Colleges and Employers (NACE) and the National Society for Experiential Education (NSEE).
STUDENTS – As an intern signing this contract, I understand the following:

1. I will earn three academic credits during this internship experience, for which I will complete a minimum of 150 hours of work and all academic assignments as described in the IEL syllabus.
   If my internship takes place over the summer months, I understand I will pay summer tuition rates for three academic credits. If my internship takes place in the fall or spring semester, I understand that the cost will be rolled up into the overall cost of my full-time student status as long as I do not exceed 19 credits.

2. If I am an undergraduate student, up to six credit hours, (three credits per internship and two internship experiences) can be applied to the total number of hours I need for degree completion.

3. If I am a graduate student, only three credit hours (one internship) can be applied toward the total number of hours required for degree completion.

4. Internship credit does not count toward earning my concentration area (exceptions: undergraduate Human Resources and General Management concentrations allow one internship or 3 credit hours to count toward the concentration area).

5. IEL reserves the right to reject any internship arrangement or content that falls outside program parameters. Special requests must be presented to our staff in advance of this contract.

6. I may not resign my internship on my own under any circumstances, and if I am having trouble with any aspect of my internship, I will contact IEL staff immediately for assistance.

7. This is a P/F course for undergraduates and an S/F course for graduate students. An “F” grade will produce negative GPA implications for me.

8. As a current, matriculated UB student I have current health insurance coverage.

9. I understand and acknowledge that I am participating in an internship only and will NOT be entitled to unemployment compensation benefits upon completion of this internship experience.

10. International Students: As an international student, I must be approved for Curricular Practical Training (CPT) in order to begin the internship experience. I must also submit the employer’s offer letter, which states expected work load (number of hours per week not to exceed 20 per week during regular semesters and 40 hours per week during summers) as well as start and end dates. I am allowed to participate in a maximum of two internship experiences, (thus, only two CPT requests allowed).

11. CODE OF CONDUCT FOR INTERNS
    
    During my internship, as a representative of UB and the UB School of Management I will:
    a. Demonstrate respect, dependability and cooperation with my supervisor and co-workers.
    b. Ask questions to resolve any confusion regarding my internship responsibilities.
    c. Maintain a strictly professional relationship with my supervisor and co-workers.
    d. Refrain from using profane or inappropriate language on-site and while engaged in any off-site activities related to my internship, including interactions with supervisors, co-workers and interns.
    e. Refrain from the consumption of alcohol or drugs while engaged in activities related to my internship, including off-site meetings or gatherings with supervisors, co-workers and interns.
    f. Adhere to all organizational policies of the internship employer.
    g. Adhere to the UB Student Code of Conduct (even if my internship takes place off campus).
    h. Strive to understand what constitutes a permissible work absence and who to notify if absent.
    i. Report changes in schedule, supervision, problems with my internship or personal issues interfering with my ability to complete my internship to the IEL director.
    j. Dress appropriately for the work place as defined by the employer’s dress code.
REQUIRED SIGNATURES: I have fully read, understand and agree to all of the above statements:

Supervisor ___________________________________________ Date _________

Please print name ___________________________________________

Student Intern ___________________________________________ Date _________

Please print name ___________________________________________

Faculty Director ___________________________________________ Date _________

SUPERVISOR CONTACT INFORMATION

Supervisor Name (Print) _____________________________ Supervisor’s Title ___________________________

Company Name _____________________________________________________________________________

Address ___________________________________________________________________________________

Location of internship (if different from above) ____________________________________________________

E-mail ___________________________ Tel. (___) __________

STUDENT INFORMATION

Please complete the form and all questions below in full.

Student Name (Print) ___________________________________________

E-mail ___________________________ Tel. (___) __________ Class Level ___________________________

Are you an international student? _____ Yes* _____ No

*If you answered yes to the above question, an offer letter presented on company letterhead must be submitted with the MBO, including (1) start and end dates of internship and (2) hours to be worked per week; NOT to exceed 20 hours per week during Fall and Spring semesters, or 40 hours per week during the summer. Ask IEL staff for assistance.

MBA students: Have you received an internship waiver?* _____ Yes* _____ No _____ N/A

* If you answered yes, your voided waiver letter MUST be attached. Ask IEL staff for assistance.

INTERNSHIP FOCUS (Required)

Check just one of the following:

- Accounting
- Finance
- Health Care
- Human Resources (HR)
- Marketing
- MIS/Supply Chain Operations Mgt.
- General Management

OFFICE USE ONLY:

Today’s Date ___________________________

Checked Bizlink □
Registration □ ________________
CPT Letter □ n/a
Waiver Form □ n/a
Employee Initials ___________________________