

**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.**

## 2022-23 COVID-19 Expectation Summary

COVID-19 continues to be highly infectious and can be a life-threatening disease. COVID-19's highly contagious nature, particularly with new strains of the virus means that exposure, especially through contact with others, can lead to infection.

**Illinois State University cannot guarantee a risk-free environment. The best way to protect yourself is by receiving a COVID-19 vaccine and boosters.**

The risk of COVID-19 infection impacts all regular, daily activities of the ISU community and campus (e.g., academic instruction, residential life activities, athletic events, co-curricular activities), all University facilities, and all aspects of university operations.

While acknowledging that it is impossible to prevent or fully mitigate the risk of COVID-19 infection, in order to reduce risk for Illinois State University students, faculty, staff, and members of the community, the University continues to maintain COVID-19 safety mitigation measures on the University's [COVID-19 website](#). These measures may be updated or modified as circumstances evolve.

- I understand the following COVID-19 safety mitigation measures:
  - In accordance with [modifications](#) to Executive Order 2021-22, weekly testing is no longer required for most unvaccinated students, faculty, and staff. However, those students, faculty, and staff who are unvaccinated and work in clinical and K-12 school settings are to continue weekly testing. Learn more about [COVID-19 testing](#).
    - If you are a student who needs an accommodation from weekly testing, please contact Student Access and Accommodation Services.  
<https://equalopportunity.illinoisstate.edu/>
  - When not required by applicable orders, students, faculty, staff and guests are welcome and encouraged to wear face coverings. It is especially important that we support one another, regardless of individual choices that are made regarding face coverings.
  - Follow all recommendations to take necessary precautions if you are experiencing [COVID-19 symptoms](#), including not attending class, etc.
  - Observe any additional guidelines that may be posted or communicated at a university facility or website.
- I understand that I should remain in my living quarters and not attend in-person classes or attend University or other community events or activities if I am exhibiting symptoms consistent with COVID-19. I understand I should notify Student Health Services immediately of any personal COVID-19 related symptoms. I should not return to these in-person classes, events or activities, until I have been without a fever and feeling well (without fever-reducing medication) for at least 24 hours.

- In the event that I am required to self-isolate or quarantine based on the directive of a public health official and/or a medical professional, I understand the requirement is that I comply fully with these directives.

The Student Code of Conduct requires students to comply with all University policy, rules and regulations. (Section VI.A.12.) In addition, failure to comply with reasonable and lawful requests or directives of University officials or law enforcement officers acting in the performance of their duties also is a violation of the Student Code of Conduct. (Section VI.A.6.). I understand that any violations of the Student Code of Conduct may result in discipline, up to and including dismissal.

I understand the contagious nature of COVID-19 and I understand that I may be exposed to or infected by COVID-19 by participating in regular university day-to-day activities as a member of the campus community.

I have read this statement and fully understand its terms.

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

Signature \_\_\_\_\_

## CLINICAL VACINATION 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 (see Acknowledgement of Risk/External Experience for Credit form) 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 _____
--	----------------------