

## **CONFIDENTIAL INFORMATION AGREEMENT**

I understand and agree that any information or material which becomes available to me as a result of my internship assignment should be considered privileged information and not available for use except in my work assignment. I agree to make no other use of such information or material without approval by an appropriate person in my internship organization. By my signature I acknowledge having read and accepted this principle and agree that any violation of it will be considered a violation of proper student conduct.

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## **ACCEPTANCE OF INTERNSHIP ASSIGNMENT**

I have reviewed and understand the nature of the internship assignment, which has been offered to me by \_\_\_\_\_, for the \_\_\_\_\_ semester. I accept this assignment and the stated financial conditions. After starting the internship I will consult with my faculty supervisor and prepare and submit a statement giving details of my internship assignment and the academic project, which I will be completing as part of my academic requirements.

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*After you accept an internship, please return to your faculty sponsor.*