

**Computer Science Department
Slippery Rock University**

Internship Notification and Acceptance

I acknowledge that I received a copy of the agreement of _____
(fill in date) between Slippery Rock University of Pa. and
_____ (fill in name of internship facility). While
I am neither a direct party to the agreement, nor am I a third party beneficiary, I
understand that it governs the terms of my internship, and I accept the
conditions which are, effectively, imposed on me. The conditions in such
agreements usually include, but are not necessarily limited to, the manner in
which I may be involuntarily removed from the internship, and requirements that
I may be required to carry certain amounts of liability and/or health insurance, at
my own, sole, expense.

I also acknowledge that I have read the Internship Handbook for students
majoring from the Computer Science Department and I understand that it
governs the terms of my internship, and I accept the conditions which are,
effectively, imposed on me.

Signed: _____

Printed Name: _____

Date: _____