

Exhibit A*
INTERN CONSENT

INTERN Name: _____
Appointment type Undergraduate ___ MS Graduate ___ PhD Graduate ___
INTERN's E-mail Address: _____
INTERN's Phone Number: _____
SPONSOR's Name: _____
Title: _____
SPIR'S INTERNSHIP DIRECTOR: _____

Brief Description of Internship (anticipated roles and responsibility; direct supervisor if different from AGREEMENT, deliverable etc.):

SPONSOR BIP That Can Be Used in Performance of PROJECT:

FOUNDATION BIP That Can Be Used in Performance of PROJECT:

Internship Period - Average hours per week:

Compensation: \$ _____ = Direct Cost
\$ _____ = Indirect Cost

INTERN's Consent:

I agree to fulfill the objectives of my Internship in accordance with the terms of the SPIR Internship AGREEMENT as well as this Exhibit A. I shall act in accordance with the highest ethical standards of professional practice as defined by the relevant practices, policies, rules, or regulations of the SPONSOR, as well as all applicable University policies, rules, or regulations. I shall track the time spent at the SPONSOR site and notify the SPIR'S INTERNSHIP DIRECTOR if he/she has difficulty or reason to believe there will be difficulty in meeting the schedule. I agree to meet with my supervisor at SPONSOR as well as SPIR'S INTERNSHIP DIRECTOR, to perform my duties to the best of my ability, and to fulfill the required number of hours above. I will ask questions when I need more information and deal with challenges as efficiently as possible by contacting the appropriate support person, and will notify the SPIR'S INTERNSHIP DIRECTOR and SPONSOR when I have any difficulty performing functions or establishing satisfactory relationships with personnel at the internship site .

Internship Signature: _____ **Date:** _____

*Submit a separate Exhibit for each INTERN assigned to the SPIR Internship AGREEMENT.