

THE UNIVERSITY

University of Belize



OF BELIZE

INTERNSHIP AGREEMENT

(GARCIA, IMMANUEL DAVIEL)



University of Belize
Faculty of Science and Technology
Department of Mathematics, Physics, and Information Technology
Work Experience Program

WORK EXPERIENCE AGREEMENT

THIS AGREEMENT IS MADE BETWEEN

THE UNIVERSITY OF BELIZE

GARCIA, IMMANUEL DAVIEL

SOCIAL SECURITY BOARD

**(THE INSTITUTION),
(THE STUDENT), AND
(THE ORGANIZATION)**

By the signatures affixed below, each party agrees to uphold his/her part of this agreement.

Parties agree to enter a twelve-week internship arrangement aimed at being a pleasant, meaningful and rewarding arrangement in which students can learn while providing meaningful service.

The institution shall provide the student with an advisor who will guide the selection of an organization for internship placement, supervise internship, and provide the student with additional support as necessary. The institution shall liaise with the organization to ensure that the terms of this agreement are adhered to.

The student shall report to work at times agreed upon between him/her self and the organization (a copy of the students work schedule is lodged with the institution) and shall carry out duties as agreed upon.

The organization shall identify a project that the student will be able to complete within the given period of time. The student is provided an immediate supervisor who will evaluate the student and provide proper training and feedback as is needed

STUDENT INFORMATION

Address: 3 Hibiscus Street, Cayo District, Belmopan City

Telephone: 822-2917 631-6858

Email: 2022156465@ub.edu.bz / alexdev404@protonmail.com

Emergency Contact

Name: David Garcia

Address: 4 Marigold Street, Cayo District, Belmopan City

Telephone: 620-6467

Email: dgarci@btl.net

ORGANIZATION INFORMATION

Address: _____

Telephone: _____ Facsimile: _____

On-site Supervisor: _____

On-site Supervisor E-mail: _____

Officer in charge: _____

Officer in charge Email: _____

INSTITUTION INFORMATION

University of Belize

Address: *University of Belize
Department of Mathematics, Physics, and Information Technology
Faculty of Science and Technology
P.O. Box 340
Belmopan, Cayo.*

Telephone: 822-3680/81 Ext. 1079

Coordinator: Mr. Manuel A. Medina Jr.

Email: mmedina@ub.edu.bz

Work Experience Start Date: **February 27th, 2024**

Work Experience End Date: **April 25th, 2024**

Financial Assistance/Benefits: _____

Job Description:

Specific Task(s)/Project(s) to be accomplished within job description

CONTRACT AGREEMENT

Once all signatures are affixed, copies will be sent to all parties. One copy goes to the University of Belize and two other copies go to the host organization and the student.

We, the undersigned, agree to cooperate in a high quality and professional field experience in accordance with the above specifications and attached responsibilities of student, organization, and University. The student's internship does not officially begin until all three signatures are received and dated.

Organization Supervisor (printed name/signature)

Date

Student's Name (GARCIA, IMMANUEL DAVIEL /signature)

Date

UB Internship Coordinator (Manuel A. Medina Jr./signature)

Date