

MCLAREN MEDICAL GROUP
STUDENT INTERNSHIP/EXTERNSHIP AGREEMENT & ACKNOWLEDGEMENT

I hereby acknowledge, understand and agree to the following statements regarding my internship/externship with McLaren Medical Group:

1. I am a student currently enrolled in the _____ program at _____.
2. I will be interning/externing with McLaren Medical Group at its _____ location for the period of _____ to _____.
3. I acknowledge, understand and agree that I am not an employee of McLaren Medical Group for any purpose during my internship/externship, and I will not displace any regular employee of McLaren. I further acknowledge, understand and agree that the internship/externship experience offered to me does not in any way create an expectation or promise of employment with McLaren following completion of the internship/externship.
4. I further acknowledge, understand and agree that the internship/externship offered to me is an educational learning experience primarily for my benefit. I anticipate receiving academic credits from my school/institution if I satisfactorily complete my internship/externship (as well as all other course requirements) as determined by my school/institution. Any services I provide during my internship/externship are incidental to the overriding purpose of providing me with a learning experience.
5. My internship/externship is unpaid. By signing below, I acknowledge, understand and agree that I am not entitled to, and will not receive any, wages or employee benefits from McLaren Health Care or any of its subsidiaries as a result of my internship/externship experience.

Student Name (please print): _____

Student Phone: _____

Student Email: _____

Student Signature: _____

Date: _____

Human Resources Signature: _____