

**Exhibit A\***  
**SCOPE OF WORK**

INTERN Name: \_\_\_\_\_  
INTERN E-mail Address: \_\_\_\_\_  
INTERN Phone Number: \_\_\_\_\_  
SPONSOR Name: \_\_\_\_\_  
PROJECT Title: \_\_\_\_\_  
SPIR PROJECT DIRECTOR: \_\_\_\_\_

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

**Internship Period** - Average hours per week:

**Compensation to INTERN:** \$ \_\_\_\_\_

## INTERN CONSENT

1. I confirm that I will not use any information received or developed as part of my project with the Company outside of my internship (e.g., thesis, research, personal use).
2. I confirm that I will not be using University facilities or property (e.g., know-how, data, materials, or equipment) in this project.
3. I understand and accept that if I choose to participate in this project, any new intellectual property (e.g., inventions, ideas/methods/algorithms) that I may develop under the scope of the project may be owned by the SPONSOR. Further, I understand and accept that this will require me to forfeit any royalties that may have been due to me under the SUNY Patents, Inventions and Copyright Policy as stated in *8 NYCRR Part 335.28-29*.
4. I agree to fulfill the objectives of my project as set forth in Exhibit A of the SPIR INTERNSHIP AGREEMENT. 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 PROJECT 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 the SPIR PROJECT 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 attempt to address any challenges as efficiently as possible by contacting the appropriate support person and will notify the SPIR DIRECTOR and SPONSOR when I have any difficulty performing functions or establishing satisfactory relationships with personnel at the internship site.

Intern's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

\*Submit a separate Consent Form for each INTERN assigned to the SPIR INTERNSHIP AGREEMENT.