

LEARNING CONTRACT FOR INTERNSHIP/ EXPERIENTIAL EDUCATION

To be completed by the **STUDENT** (signature required on page 2)

Student Name _____ **BANNER ID #** _____

First _____ *Last* _____

Major(s) _____ Minor(s) _____

Current G.P.A. _____ Cr. Hrs. Completed _____ Previous Intern Cr. Hrs. Earned _____

_____ (_____) _____
Place of Residence during Internship _____ *City* _____ *State* _____ *Zip Code* _____ *Area Code / Phone*

Student's E-mail _____

*Do you have documented accommodation on file with the Office of Disability Services? No Yes (if YES, please inform Site Supervisor)

*Does the internship involve *international travel and/or residency*? No Yes (if YES, please attach Office of International Services study abroad approval)

To be completed by the **SITE SUPERVISOR - ORGANIZATION** (signature required on page 2)

Student's Internship Title _____

Dates of Internship from ____/____/____ to ____/____/____ Number of Weekly Internship Hours _____

Organization Name _____ Organization Website _____

_____ (_____) _____
Organization Address _____ *City* _____ *State* _____ *Zip Code* _____ *Area Code / Phone*

Internship Site address (if different than organization address) _____

Site Supervisor _____ Site Supervisor's E-mail _____

Compensation: Paid \$_____ Stipend Hour Week Month Semester Other _____
 Unpaid

*Will the student be expected to drive a personal vehicle as part of the internship No Yes (if YES, student's own auto insurance applies)

*Does the Organization/Site request advance background check, certification verification, insurance verification, etc? No Yes (if YES, please attach request/paperwork)

To be completed by the **FACULTY SPONSOR** (signature required on page 2)

_____ (_____) _____
Faculty Sponsor _____ *Campus Address/Bldg./Room* _____ *E-mail* _____ *Area Code / Phone*

Student Registration: Course No.(s), Sect.(s) _____ CRN# _____ Cr. Hrs. _____

Internship Term: Fall _____ Spring _____ Summer _____ Grading System: S/U Letter

IMPORTANT:

- 1. COMPLETE BOTH PAGES OF THE LEARNING CONTRACT
- 2. GET SIGNATURES FROM YOUR SITE SUPERVISOR AND FACULTY SPONSOR
- 3. SUBMIT LEARNING CONTRACT AND SUPPORTING DOCUMENTS FOR REGISTRATION PROCESSING

DUTIES (SITE SUPERVISOR/STUDENT): After consulting with your Site Supervisor, list what you are expected to do in your position. Be specific.

- 1. _____

- 2. _____

- 3. _____

- 4. _____

EDUCATIONAL OBJECTIVES (STUDENT/FACULTY): After consulting with your Faculty Sponsor, state clearly what you want to learn from this experience in terms of the application of theory or method of inquiry, acquisition of professional knowledge, development of specific skills, career exploration, etc. Be sure attainment of your objectives can be documented. (Attach additional sheets if necessary.) **(Consider the ways in which you will become skilled, connected, creative and responsible.)**

- 1. _____
- 2. _____
- 3. _____
- 4. _____

METHOD OF EVALUATION OF EDUCATIONAL OBJECTIVES (FACULTY/STUDENT): After consulting with your Faculty Sponsor, list specific requirements for evaluation. These may be written journals, logs, papers, and Site Supervisor evaluations. Other types of evidence may also be used, such as photographs, conferences with your Faculty Sponsor, and samples of work completed at the internship site. **(Student: How will you prove that you are skilled, connected, creative and responsible?)**

Evaluation Requirements	Date Due
1. _____ _____	_____
2. _____ _____	_____
3. _____ _____	_____
4. _____ _____	_____

ACCEPTANCES (Signatures required):

By signing, I acknowledge that an Intern is not an employee of nor is there a future expectation of employment with the internship sponsoring organization. I acknowledge that I have read and understood the foregoing.

Student _____ Date _____
Site Supervisor _____ Date _____
Faculty Sponsor _____ Date _____