



**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? \_\_\_\_\_

\*Does the internship involve *international travel and/or residency*? \_\_\_\_\_  
If YES, Office of International Services study abroad approval must be attached.

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? \_\_\_\_\_

\*Does the Organization/Site request advance background check, certification verification, insurance verification, etc?  
If YES, please attach request.

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) \_\_\_\_\_ 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?)**

<b>Evaluation Requirements</b>	<b>Date Due</b>
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 \_\_\_\_\_