



Internship Learning Agreement

Student Information:

Intern Name:	Major/Minor:
Address:	Phone:
	Additional Phone #:
City: State: Zip:	Email Address:

Current Class Level: FR SO JR SR

Semester: Fall Winter Summer

Address while completing internship (if different from above):

Telephone while completing internship (if different from above):

Internship Site Information:

Employer:	Phone:
Site Supervisor: <input type="checkbox"/> Dr. <input type="checkbox"/> Mr. <input type="checkbox"/> Ms.	Title:
Address:	Fax:
City: State: Zip:	Email:

Start Date:

End Date:

Hours per Week:

Compensation:

Wage/Stipend Unpaid Other Reimbursement

Does your internship take place outside the U.S.? Yes No

If yes, contact the International Center (WB100) for signature.

Director, International Center

Registration Information:

Internship Advisor (If applicable):

Internship Coordinator:

Department:

Course:

Grade Type: Pass/No Pass Letter

Credit applied to major? Yes No

Number of Credits:

Previous Internships completed: Yes No

If yes, when was your internship completed? Semester/Year:

Description of Internship:

Please type your responses to the following questions:

- 1. List your primary learning objectives. Describe what you hope to learn and accomplish from this experience.** The number of objectives you wish to establish is not as important as the significance of each objective and the time required to complete them. The hours required to complete your objectives determine the number of credits you receive.

Write out your objectives, the steps necessary to accomplish them, and the method you will use to measure your progress.

OBJECTIVE 1: (What will you do?)

Estimated hours to complete objective:

Steps to Accomplish: (How will you do it?)

Method of Measurement: (How will your site supervisor and/or internship coordinator evaluate your accomplishment? What will be the criteria for the measurement of your success?)

OBJECTIVE 2: (What will you do?)

Estimated hours to complete objective:

Steps to Accomplish: (How will you do it?)

Method of Measurement: (How will your site supervisor and/or internship coordinator evaluate your accomplishment? What will be the criteria for the measurement of your success?))

OBJECTIVE 3: (What will you do?)

Estimated hours to complete objective:

Steps to Accomplish: (How will you do it?)

Method of Measurement: (How will your site supervisor and/or internship coordinator evaluate your accomplishment? What will be the criteria for the measurement of your success?)

OBJECTIVE 4: (What will you do?)

Estimated hours to complete objective:

Steps to Accomplish: (How will you do it?)

Method of Measurement: (How will your Site Supervisor and/or Internship Coordinator evaluate your accomplishment? What will be the criteria for the measurement of your success?)

You may add more objectives. If the objectives change in the course of the internship, the student is responsible for revising the objectives and gaining approval from the internship department coordinator and site supervisor before the end of the internship.

2. **Provide a job description outlining your specific responsibilities, projects, and/or tasks.**
3. **How frequently will you receive feedback from your site supervisor? When and how will your job performance be evaluated?**
4. **Provide specific dates when the projects, written work or other culminating activities are due to your site supervisor or internship department coordinator.**
5. **Describe your arrangements for contact with your internship department coordinator (meetings, email, phone, etc)**

Agreement:

Intern: I agree with and accept the academic and work assignments within this agreement. I will complete all work and academic assignments to the best of my ability. I accept the obligation of confidentiality in my work and will familiarize myself with and adhere to the employer's relevant policies/procedures and appropriate standards of ethical conduct. I will also complete the Student Evaluation of Internship Experience and return it to the department internship coordinator by the requested date.

Site Supervisor: I have discussed this internship with the intern and we have agreed upon the assigned work components appearing above. I agree to provide assistance, training, and consultation to the intern in order to progress toward the learning objectives and to meet with the intern regularly. I also understand that an employer evaluation will be faxed or mailed to me at the end of the semester. I will complete the evaluation form, meet with the intern to discuss the evaluation and return the completed form to the Intern and Faculty Sponsor by the requested date.

Internship Advisor (If required): I have reviewed the intern's academic plan of study and support the intern in pursuing this internship.

Internship Department Coordinator: I have reviewed the intern's academic record and determined that the intern has fulfilled the necessary prerequisites for the above stated internship course. I have discussed the academic component of this internship with the intern. We have reached the learning objectives as indicated above. I further agree to meet regularly with the intern to discuss the internship experience. I will evaluate the intern based on the intern's performance at the internship site, ability to reach the learning objectives, and completion of written work or other projects.

Department Chair (If required): I support the learning objectives as outlined.

Intern Signature:

Date:

Site Supervisor Signature:

Date:

Academic Advisor Signature:

Date:

Internship Coordinator Signature:

Date:

Department Chair Signature:

Date: