



Internship Learning Agreement

The following named individuals hereby enter into an internship agreement which binds the signatories to a learning experience designed to benefit both Student and Employer.

Student: _____ email: _____ Phone: _____

Address: _____ City: _____ ST: _____ Zip: _____

Employer: _____ email: _____ Phone: _____

Address: _____ City: _____ ST: _____ Zip: _____

Supervisor: _____ email: _____ Phone: _____

Administrative Information: Semester Enrolled: _____

Course Name/Number: _____ Hours to be Worked: _____ Credits Earned: _____

Goals and Objectives:

The following set of learning goals and objectives developed by the Student, the Employer, and the faculty advisor will serve as guidelines for determining if the internship requirements have been satisfied and for assigning a course grade.

Outline of Employment Responsibilities and Course Requirements:

A: The Student will be responsible for the following duties and responsibilities while employed in the position of - (attach formal job title and description)

B: The Employer will be responsible for utilizing the Student to his/her fullest capacity, to assign him/her with challenging tasks where possible, and to allow him/her maximum opportunity to develop skills and sound judgement in making decisions.

C: The faculty advisor will track and monitor the progress of the Student throughout the internship and to serve as a resource.

D: As a requirement for successful internship completion, the Student must provide the following material (logs, outlines, etc.

The Employer is required to evaluate the Student's performance on a continuing basis throughout the internship, to meet with the Student periodically to evaluate his/her progress and to complete the evaluation report form provided by the school.

The Employer will detail the strengths exhibited by the Student during the internship period as well as those areas where improvement may be required.

The faculty advisor is responsible for accumulating and evaluating the material provided by the Student and Employer.

Signatures: Make 3 copies of the original contract. Send signed original and copies to the Registrar at the time of registration.

Student: _____ Date: _____

Supervisor: _____ Date: _____

Faculty Advisor: _____ Date: _____

Division Chair: _____ Date: _____