



Internship Learning Contract

Complete this contract and return to the Career Center with other required internship paperwork.
Please print neatly or type.

Student information

Name _____ ID number _____ Jr. Sr.
Address _____
City _____ State _____ Zip code _____
Phone _____ Email _____
Course number _____ Credit hours: 3 6 Semester: Spring Fall Summer 20____
Faculty sponsor _____ Major/Minor _____

Site information

Company/Organization _____
Supervisor name _____ Title _____
Address _____
City _____ State _____ Zip code _____
Telephone _____ Fax _____ Email _____

Internship description

Attach a separate sheet if necessary.

Title and duties are to be prepared by student and on-site supervisor and approved by faculty sponsor.
Position title _____ Beginning date _____ Ending date _____
Duties _____

Learning objectives

Attach a separate sheet if necessary.

What knowledge, skills and competencies will you gain from this experience? What academic knowledge will you apply during your internship? How will the experience contribute to your long-range career goals?

Evaluation methods

As assigned by faculty sponsor.

Written requirements Journal Paper Samples of work Other
Reading assignments _____
Dates of conferences with faculty internship sponsor _____

Signature of faculty sponsor _____
Signature of site supervisor _____
Signature of student intern _____