

Internship Learning Contract

Internship Semester: Spring Summer Fall Continuous

Student to Complete U# _____

Name _____

Home Address _____

City _____ State: _____

Phone _____

Faculty Advisor _____

On-site Hours _____ Course # _____

Credits _____ *(If not for credit, advisor's signature is NOT necessary)*

Learning Contract *(Students & faculty advisor to complete)*

Student Goals: What I want to learn from this experience?

Student Learning Objectives:

Additional faculty advisor requirements for this internship:

Student _____ Date _____

Faculty _____ Date _____

Employer to Complete

Organization _____

Supervisor _____

Title _____

Address _____

City/State/Zip _____

Phone _____ Fax _____

Email _____

Alumnus/Alumni Class Year _____

Description of Duties and Responsibilities:
(Internship supervisor to complete. Attach additional pages if necessary.)

Student _____ Date _____

Faculty _____ Date _____