

PART 1: STUDENT INFORMATION

Name _____ Semester & Year of Registration _____

Email _____ Phone _____

Street Address _____

PART 2: PLACEMENT INFORMATION

Name of Organization _____

Name of Supervisor _____

Supervisors Email _____ Phone _____

Street Address _____

PART 3: FACULTY INFORMATION

Name of Faculty Sponsor _____ Department _____

Faculty's Email _____ Phone _____

PART 4: LEARNING OBJECTIVES & ACTIVITIES

JOB DESCRIPTION: Write a brief description of your employer's mission, your role, and enumerate your specific duties. Attach a job description to the contract, if you have one.

LEARNING OBJECTIVES: List three specific goals that you will achieve by the end of the semester.

1)

2)

3)

LEARNING ACTIVITIES: What reading, writing, and on-the-job interviewing will you do to accomplish the Learning Objectives listed above? Be specific.

EVALUATION: What evidence will you provide your Faculty Sponsor to document that you have achieved your Learning Objectives? When will you meet with your Faculty Sponsor for consultation and evaluation?

Your signature means you have read and agree to this contract. All signatures are required for the Learning Contract to be valid and in force. Bring a copy to the Academic Internship Program.

Student: _____ Date: _____

Supervisor: _____ Date: _____

Faculty Sponsor: _____ Date: _____