



INTERNSHIP and EXPERIENTIAL LEARNING CONTRACT

STUDENT INFORMATION

_____ Semester, 20____

Student _____ Phone _____ Email _____

Major _____ ID# _____

☐ Please check here if you are an International Student – your experiential learning must comply with your F Visa Status. Please see the university PDSO / DSO official to review compliance requirements prior to submission of this form.

UNIVERSITY APPROVALS

Faculty Supervisor _____ Phone _____

a. Subject Prefix under which Internship is registered: _____

b. Number of Credits: _____ * Regular Grading _____ or Pass/Fail _____

***Please note that you will be billed for credit hours associated with completing an experiential learning for academic credit. A student must work 40 hours for each hour of experiential learning credit.**

c. Date experiential learning will begin: _____

d. Date experiential learning will be completed: _____

(Grade is due in the Office of the Registrar one week after the date of completion.)

Contact Schedule for Faculty Supervisor and Student:

(At least two contacts during the experiential learning)

_____ (on or before the 8th week of the semester)
Date Time

_____ (on or before the 12th week of the semester)
Date Time

PLEASE COMPLETE THE FOLLOWING SECTIONS WITH YOUR FACULTY SUPERVISOR TO THE BEST OF YOUR ABILITY

Internship Goals (relationship of the experiential learning to the student's academic and career program):

Specific Internship Duties:

Anticipated Work Schedule, Days and Times (be as specific as possible):

Reading List (Optional):

Evaluation Procedures and Materials (Percentage of grade based on papers, a log, a journal, reports, etc.):

STUDENT AGREEMENT

I agree to fulfill the assignment as described on the following page and understand what is required of me, the criteria that will be used for evaluation, and the nature of the grading.

Date_____ Signature _____

FACULTY SUPERVISOR AGREEMENT

I approve this student's experiential learning and agree to monitor, evaluate, and assign the final grade certifying the credit for this experiential learning.

Date_____ Signature_____ Title_____

SCHOOL CHAIR/DEAN

I approve of this experiential learning arrangement between the Faculty Supervisor and Student.

Date_____ Signature_____

OFF-CAMPUS INTERNSHIP SITE INFORMATION

Student_____ Phone_____ Email _____

Major_____

Company/Agency_____ Phone _____

Off-Campus Supervisor_____ Phone _____

Supervisor Title _____

Address_____

City_____ State_____ Zip _____

Email_____ Fax _____

The experiential learning site is providing a paid or unpaid experiential learning position.

1.) Date experiential learning will begin: _____

2.) Anticipated Ending Date of Internship: _____

OFF-CAMPUS SUPERVISOR AGREEMENT

I agree to supervise this student in the work described herein and to supply any information as specified to aid the instructor's final evaluation of the student.

Date _____ Signature _____ Title _____

Contact Schedule for Faculty Supervisor and Off-Campus Supervisor:
(At least two contacts during the experiential learning)

_____ (on or before the 8th week of the semester)
Date _____ Time _____

_____ (on or before the 12th week of the semester)
Date _____ Time _____

Faculty Advisor Name: _____

Faculty Advisor Email: _____

Faculty Advisor Phone: _____