



**OWEN ACADEMIC & CAREER SUPPORT  
CENTER UNDERGRADUATE INTERNSHIP  
LEARNING CONTRACT**

**STUDENT INFORMATION**

\_\_\_\_\_ Semester, 20\_\_\_\_

Student \_\_\_\_\_ Phone \_\_\_\_\_ Email \_\_\_\_\_

Major \_\_\_\_\_

- Please check here if you are an International Student – your internship 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**

1. \_\_\_\_\_ (student name)  has or  has not completed 56 or more university credit hours and meets the 2.00\* cumulative grade point average minimum therefore qualifies to enroll in an internship. **\*Please note: some majors may require a higher GPA.**

Registrar \_\_\_\_\_ Date \_\_\_\_\_

2. 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 internship for academic credit. A student must work 40 hours for each hour of internship credit.**

c. Date internship will begin: \_\_\_\_\_

d. Date internship will be completed: \_\_\_\_\_

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

**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 \_\_\_\_\_

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

Internship Goals (relationship of the internship 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.):

**FACULTY SUPERVISOR AGREEMENT**

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

Date \_\_\_\_\_ Signature \_\_\_\_\_ Title \_\_\_\_\_

**DEPARTMENT CHAIR (or Assistant/Associate Dean)**

I approve this internship arrangement between the Faculty Supervisor and Student.

Date \_\_\_\_\_ Signature \_\_\_\_\_

**CONTACT SCHEDULE**

Contact Schedule for Student and Faculty Supervisor:  
*(At least two contacts during the internship)*

\_\_\_\_\_ (on or before the 8<sup>th</sup> week of the semester)  
Date \_\_\_\_\_ Time \_\_\_\_\_

\_\_\_\_\_ (on or before the 12<sup>th</sup> week of the semester)  
Date \_\_\_\_\_ Time \_\_\_\_\_

# INTERNSHIP SITE INFORMATION

Heidelberg University – Owen Academic & Career Support Center – 419.448.2194

Student \_\_\_\_\_ Phone \_\_\_\_\_ Email \_\_\_\_\_

Major \_\_\_\_\_

Company/Agency \_\_\_\_\_ Phone \_\_\_\_\_

Off-Campus Supervisor \_\_\_\_\_ Phone \_\_\_\_\_

Supervisor Title \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Email \_\_\_\_\_ Fax \_\_\_\_\_

The internship site is providing a  paid or  unpaid internship position.

1. Date internship 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

Contact Schedule for Faculty Supervisor and Off-Campus Supervisor:

*(At least two contacts during the internship)*

\_\_\_\_\_ (on or before the 8<sup>th</sup> week of the semester)  
Date \_\_\_\_\_ Time \_\_\_\_\_

\_\_\_\_\_ (on or before the 12<sup>th</sup> week of the semester)  
Date \_\_\_\_\_ Time \_\_\_\_\_