



HYPE Career Ready® & Placement INTERNSHIP LEARNING CONTRACT

STUDENT INFORMATION

_____ Semester, 20____

Student _____ Phone _____ Email _____

Major _____ Student ID # _____

- 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 met department eligibility requirements.

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.)

CONTACT SCHEDULE

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

_____ (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 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.):

STUDENT AGREEMENT

I agree to fulfill the assignment as described above 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 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 _____

HYPE CAREER READY® & PLACEMENT PROGRAM SIGNATURE

Date _____ Signature _____

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This is the last signature needed

INTERNSHIP SITE INFORMATION

Heidelberg University – HYPE Career Ready & Placement – (419)448- 2266

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 8th week of the semester)
Date _____ Time _____

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