



Internship Learning Contract

Name: _____ Student ID: _____

Street

City, State, Zip

Cell/home phone

Email address

Academic major

Graduation date

Internship Host Organization: _____

Address: _____

Supervisor's Name: _____ Supervisor's Title: _____

Email: _____ Telephone: _____

Internship Position Title: _____

Hours per Week: _____ Academic Quarter: _____

University Sponsor: _____

Department: _____

Email: _____ Telephone: _____

INTERNSHIP DESCRIPTION: Describe in as much detail as possible your role and responsibilities while on your internship. Be sure to include daily tasks and any major projects or deadlines, if applicable.

LEARNING OBJECTIVES: What do you intend to learn through this experience? (Please provide six to eight learning outcomes for your internship experience. Learning outcomes should be tangible, concrete objectives.)

AGREEMENT

This contract may be terminated or amended by student, University Sponsor, or Internship Supervisor at any time upon written notice, which is received and agreed to by the other two parties.

Student Signature: _____ Date: _____

University Sponsor Signature: _____ Date: _____

Internship Supervisor: _____ Date: _____

(A copy of this contract should be distributed to each signer.)