COKER COLLEGE INTERNSHIP CONTRACT

PERSONAL DATA

Name of Student: _____ Cell Phone: _____

Major: _____ Internship Advisor: _____

Class: Freshman ( ) Sophomore ( ) Junior ( ) Senior ( )
Type of Internship: Academic course ( ) Required ( ) Volunteer ( )

Registration for: Fall ( ) Interim ( ) Spring ( ) Summer ( ) Year _____
Term I ( ) Term II ( ) Term III ( ) Term IV ( ) Term V ( ) Year _____

I. **TO BE COMPLETED AFTER PLACEMENT HAS BEEN MADE**:

A. Name of agency/business: _____
Address: _____
_____
Phone: _____
B. Name of on-site supervisor: _____
Position: _____
E-mail: _____

II. **TO BE COMPLETED DURING OR AFTER INTERVIEW WITH ON-SITE SUPERVISOR**:
(Return within two weeks to the Center for Engaged Learning.)

A. What are your learning objectives?
1. _____
_____
2. _____
_____
3. _____
_____

B. What specific responsibilities will you have?
1. _____
2. _____
3. _____
4. _____

C. What kind of support will you get from your on-site supervisor?
(e.g., provide ongoing evaluation, suggest specific projects, be an available resource, invite to training sessions and staff meetings)
_____
_____
_____

D. Proposed Work Schedule: Day(s) of Week _____

Times to be Worked: _____

E. Course No. & Title _____ Sem. Hrs. ___ Instructor _____

F. What type of support will you get from your course instructor or faculty supervisor?
(e.g., conduct weekly class sessions devoted to discussing internship experiences, be an available resource to you and the agency, visit the agency)

_____

_____

G. How many on-site hours are required? _____ Per Week
_____ Total

H. What are the criteria for evaluating your internship?
(e.g., documented journal, paper(s), reading list, self and supervisor's evaluations, class presentation of particular skills or perceptions acquired, portfolio)

_____

_____

III. **TO BE SIGNED AFTER INTERNSHIP CONTRACT IS COMPLETED**:

It is my understanding that during my internship I will keep a journal, complete an internship evaluation, fulfill my commitments outlined herein, abide by standards of professional conduct, and respect the practice of confidentiality. I am currently in good academic standing and know of no reason why I should not be able to complete this internship in a satisfactory manner.

_____
Signature of Student Intern Date

I have read this Internship Contract and agree to contribute to the internship as outlined herein.

_____
Signature of Agency/Business Supervisor Date

_____
Signature of Course Instructor/Faculty Supervisor Date

The Internship Contract will then be evaluated and signed by the Director of the Center for Engaged Learning. Comments will be made below, if necessary.

Received by: _____ Date: _____

Comments:

Return Contract to: Center for Engaged Learning
300 East College Ave.
Hartsville, SC 29550
843-383-8058
843-383-8038 (fax)
Office is located on the 2nd floor of the David R. and May R. Coker Student Center