

PART I: CONTACT INFORMATION

Student Name: _____ UIN: _____

Mailing Address: _____
(Street) (City) (State) (Zip)

Phone Number: () _____ E-mail: _____

Internship Organization: _____ Website: _____

Business Address: _____
(Street) (City) (State) (Zip)

Supervisor: _____ E-mail: _____

Phone Number: () _____ Fax: () _____

Hours/Week: _____ Rate of Pay: _____ Start/End Date(s): _____

Faculty Sponsor: _____ E-mail: _____

Phone Number: () _____ Fax: () _____ Address: _____

PART II: ACADEMIC AGREEMENT

Registration is for the following: _____ 668 _____ _____ _____
(Course Subject) (CRN) (# of Credits) (Semester/Year)

A student will be registered only if they have completed 15 hours of core or beyond core classes and this learning contract is completed and signed by the student, employer, faculty sponsor and GPD. Use a separate sheet to describe the responsibilities of your internship, including duties, projects, what kind of instruction, assistance, and supervision will you receive and from whom. Note what you intend to learn through this experience in specific and measurable terms and describe how your activities will enable you to meet your learning objectives. List reading, writing, contact with faculty sponsor, peer group, discussion, field trips, observations, etc., you will make and carry out which will help you meet your learning objectives.

NOTE: For all international students a signed/completed CPT must also be attached to the Learning Contract.

A pass/fail GRADE for this course will be issued only if the following criteria are met:

- Student is required to complete 200 hours.
- Completion of Task and Hours Journal, approved by supervisor, submitted to faculty sponsor, if required.
- Completion of a Summary Paper and Evaluations prior to the end of the semester, copies to faculty and CDS.

This contract may be terminated or amended by student, faculty sponsor, or internship supervisor at any time upon written notice, which is received and agreed to by all parties of the contract. As the student participant, I take full responsibility for the above requirements.

GPD Signature: _____ Date: _____

Student Signature: _____ Date: _____

Internship Supervisor: _____ Date: _____

Faculty Sponsor: _____ Date: _____