

INTERNSHIP LEARNING CONTRACT

Student Name: _____ Phone: _____
(Last) (First) (Middle)

Address: _____
(residence/ mailing address during internship) (City) (State) (Country) (Zip)

Class Level: Jr. ____ Sr. ____ Major/Minor: _____ Internship to be undertaken: Fall 20__ Spring 20__ Summer 20__

Hours per week: _____ Paid: __ Unpaid: __ Start Date: __/__/__ End Date: __/__/__ Internship Site: _____

Address: _____

Phone: _____ Fax: _____ Site Supervisor Name: _____

(Use back of form to expand or use attachments)

Learning Objectives (What I intend to learn.)	Strategies (What I will do during my internship.)	Evaluation Methods (How my progress regarding each objective will be measured.)	Final Self Evaluation (Reflect upon your whole experience, did I meet my objectives and how?) Use back of form to expand.
1)			
2)			
3)			

The Internship Coordinator and the student jointly design the learning contract and are expected to stay in regular contact during the internship for guidance and evaluation.

Student: I concur with all components of this learning contract, and agree to carry out the objectives, strategies, and methods of the contract promptly and to the best of my ability.

Student Signature _____ Date: _____

Site Supervisor: I have read this learning contract, and attest that its components meet the standards and expectations for an internship with my organization/company. I agree to conduct an evaluation of the student and to participate in a site visitation if requested.

Site Supervisor Signature: _____ Title: _____ Date: _____

Georgetown College Internship Coordinator Signature: _____ Date: _____