

**Experiential Learning Opportunity Contract for
Internships, Practica and Job Shadowing**

Student Name _____ ID# _____
Please Print

Phone # _____ Classification during Study: FR SO JR SR PG

Major (s) _____ Minor(s) _____

Section A – COURSE INFORMATION
To be filled out completely by the student and sponsoring faculty member

****This contract form must be completed
PRIOR to starting your experience!!!!**

Credit in _____ department. Semester: Fall _____ January _____ Spring _____ Summer _____ Year: _____

Circle All That Apply:

Practicum: 1 2 3 credits Course number: 295/39 ____ **Internship:** 2 3 4 credits Course number: 49 ____
Job Shadow: 1 2 credits Course number: 195/295 ____ **No credit:** ____

Note: at least 40-60 hours of supervised work experience is required per credit.

Academic Advisor or Supervising Professor: _____ Ext. _____
Please Print

Please note: Regular tuition rates apply to internships and practicum experiences. The Registrar's Office will register you for this internship/practicum experience upon receipt of this completed form. All experiences are graded on a Satisfactory/Unsatisfactory basis.

Section B – CRITERIA FOR ACADEMIC EVALUATION
To be filled out by student in consultation with a faculty member or academic advisor

Department criteria:
____ Log of daily experiences ____ Copies of reports of projects assigned ____ Follow-up periodic visits
____ Final Oral Debriefing ____ Other: _____

LEARNING OBJECTIVES: What do you want to learn from this experience?

Section C - APPROVAL SIGNATURES:
ALL signatures from faculty adviser, supervising professor and academic dean must be obtained before bringing this form to the Enterprise Resource Center.

1. _____ Date _____
Academic Advisor Supervising Professor
2. _____ Date _____
3. _____ Date _____
Student's Signature

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Section D – INTERNSHIP/PRACTICUM INFORMATION & RESPONSIBILITIES

To be filled out by the Enterprise Resource Center for placement in experiential learning engagement

Company/Organization/Dept: _____

Direct Supervisor: _____ Supervisor's Title: _____

Address: _____ Supervisor's E-mail: _____

City: _____ State: _____ Zip: _____

Phone #: _____ Unpaid: _____ Paid: _____

Fax #: _____ Duration of the Experience: From ___/___/___ to ___/___/___

Work and Assignments (day-to-day or project plans): _____

How will supervisor assist the intern/practicum student? _____

How will supervisor monitor the intern's progress? _____

Intern can work _____ hours per week, or a total of _____ hours.

Enterprise Resource Center _____ Date

Academic Dean _____ Date

ENTERPRISE RESOURCE CENTER: _____

PDF COPY DISTRIBUTION: Student _____ Employer _____ Cathy Trout _____ Martha Smith _____
Academic Advisor _____ Professor _____ Div. Chair _____

HARD COPY DISTRIBUTION: Registrar _____