|  |
| --- |
|  |

# ACADEMIC-CREDIT INTERNSHIP LEARNING AGREEMENT

## STUDENT INFORMATION

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Full Name: |  | |  | | |  | ID #: |  | |
|  | Last | | First | | | M.I. |  |  | |
| Preferred Name: | |  | | Pronouns: |  | | | |

|  |  |  |  |
| --- | --- | --- | --- |
| Cell Phone: |  | Major(s): |  |

|  |  |
| --- | --- |
| Graduation Year: |  |

## INTERNSHIP INFORMATION

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Internship Organization: | |  | | |
| Internship Title (32 characters max): | | |  | |
| Address: |  | | |  |
|  | Street Address | | |  |

|  |  |  |  |
| --- | --- | --- | --- |
|  |  |  |  |
|  | City | State | ZIP Code Country |

|  |  |  |
| --- | --- | --- |
| Internship Supervisor Name: |  |  |

|  |  |
| --- | --- |
| Supervisor Title: |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Supervisor Email: |  | Supervisor Phone Number: |  |  |

|  |  |  |
| --- | --- | --- |
| Brief Description of Duties (to be completed in consultation with the internship supervisor): | |  |
|  |  | |
|  | | |
|  | | |
|  | | |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| List any readings (title/author) assigned by internship supervisor: (optional) | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | |
|  |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  |  | Term of Internship: | | Fall |  | | | CentreTerm | | | |  | | | Spring | | |  | | Summer | |  | | |  | Year:20 | | |  | | | |
|  |  |
| Number of Credits: | | |  | |  | | |  | | | | | |  |  | |  |  | |  |  |  | | | | | | |  |
| Type of Internship: | | |  | | | | | | | |  | | | | | | | | | | | | | | |  | | | | | | |  |
| Will you be paid? | Yes | | |  | | | No | |  | | | If yes, how much? | | | | | | |  | | | | | | | | | | | | |

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Will you be living on- or off-campus during your internship?: | On-Campus |  | Off-Campus | | |  | | | | | |  |
| Are you completing this form because you are requesting on-campus housing for the summer? | | | | Yes |  | | No |  |  |  |

## INTERNSHIP SCHEDULE

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Internship Start Date: |  | Internship End Date: | |  |
| **Employer-Intern Meetings**: Specific times during the term should be set aside for the supervisor and student to come  together for feedback, evaluation of progress, and planning for the remaining part of the internship. Such meetings  should take place at least once every two weeks, although more frequent meetings are recommended. | | | | | |
| How often will the intern and internship supervisor meet? | | |  | |  | |

**Internship Schedule:** Generally, a student will maintain a regular schedule of days and times to attend the internship.

There will be exceptions to these established times as your internship may require attendance at an event or meeting.

Please note your expected days and times ofattendance.

**Regularly scheduled internship days** (check all that apply below and include hours for each day in the corresponding

fields:

|  |  |
| --- | --- |
| **Sunday:** |  |
| **Monday:** |  |
| **Tuesday:** |  |
| **Wednesday:** |  |
| **Thursday:** |  |
| **Friday:** |  |
| **Saturday:** |  |
|  |  |

## ACADEMIC INFORMATION

|  |  |  |
| --- | --- | --- |
| Faculty Mentor Name (must be a current full-time faculty member): |  |  |
| Faculty Mentor Academic Program (e.g., Politics, Studio Art, etc.): |  | | |  |

|  |  |
| --- | --- |
| Faculty Mentor Email Address: |  |

**Career Development and Internship Learning Objectives**

(To be discussed by student and faculty mentor before completion)

Because an internship is intended to be an academic learning experience as well as a professional one, it is important that tangible learning objectives be listed. These objectives should be specific and measurable. Students will be required to evaluate how well they met the learning objectives at the end of the term.

|  |  |  |
| --- | --- | --- |
| Objective A: | |  |
|  |  | |
|  | | |
| Objective B: | |  |
|  |  | |
|  | | |
| Objective C: | |  |
|  |  | |
|  | | |

Evaluation will be based on each of the following (To be discussed by student and faculty mentor before completion):

1. The student’s work performance.
2. Attendance at all required meetings and completion of all CCPD requirements.
3. The student’s oral presentation at the end of the internship (typically in the form of the Internship Showcase).
4. An academic component that *must be an integration of the academic readings and work experience*. Please be specific about the written assignment(s), including topics, and list those below. Final written product must be a minimum of 8 pages total.

|  |  |
| --- | --- |
|  |  |
|  | |
|  |  |
|  | |

REQUIRED READINGS:

Experiential education is a means of learning in which the student integrates academic theory and traditional methods of inquiry with actual experience in the field. It is important that the student enriches his/her work experience through significant reading. We ask the student and faculty mentor to develop a reading list of pertinent books, materials, journal articles, etc. that will support the student’s inquiry during the internship. Please make a list of those resources that will be used:

|  |  |
| --- | --- |
| 1. Title/Author |  |
| 1. Title/Author |  |

## SUPERVISION AND CONTROL OF WORK

All parties agree that the internship supervisor will supervise the work of the student intern undertaken pursuant to this internship and that the internship organization will be responsible for the service or product provided to its clients or customers. The employer sponsor also verifies that they are aware and is in compliance with all FLSA laws.

|  |  |
| --- | --- |
| Supervisor Initials: |  |

## COURSE REGISTRATION

Submission of a completed internship learning agreement authorizes the Registrar’s Office to register the student for internship credit (INT 400). Registration in this course commits the student to completing the project and to the appropriate tuition charge (for summer internships). If for any reason the student decides not to participate in the internship for credit, they must officially drop the course by the appropriate deadline. After June 1, summer internships cannot be dropped and tuition cannot be refunded. If the student is receiving funding from Centre College to support your academic-credit internship, the student will be responsible for refunding any awards if the internship is not completed for any reason.

Please note that a maximum of 6 hours of internship credit (INT 400) may be applied toward the 110 credit hours required for the degree.

|  |  |
| --- | --- |
| Student Initials: |  |

## SIGNATURES OF APPROVAL

**THIS IS A SAMPLE FORM AND NOT AN OFFICIAL DOCUMENT.**

**Complete this form online using the instructions from the CCPD to obtain official approval for your internship.**