|  |
| --- |
|  |

# NON-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 | | |  | |
|  |  |
| 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:** |  |
|  |  |

## CAREER DEVELOPMENT AND INTERNSHIP LEARNING OBJECTIVES

Because an internship is intended to be a learning experience as well as a professional one, it is important that tangible learning objectives be listed. These objectives should be specific and measurable.

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

## 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: |  |

## 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.**