

Hart Career Center, Illinois Wesleyan University  
**INTERNSHIP LEARNING CONTRACT**

Name \_\_\_\_\_ Address \_\_\_\_\_ City/Zip \_\_\_\_\_

Major \_\_\_\_\_ Minor \_\_\_\_\_ Student e-mail \_\_\_\_\_

Class status (during Internship): F S J Sr Graduation date \_\_\_\_\_ Phone \_\_\_\_\_

Term of Internship Credit:  Fall 200\_\_\_\_,  Spring 200\_\_\_\_,  May 200\_\_\_\_,  Summer 200\_\_\_\_

List other courses will you be enrolled in during this term: \_\_\_\_\_

**IMPORTANT:** Students will not be registered for an academic internship until an *Intent to Participate in an Academic Internship* form and the *Internship Learning Contract* are on file at the Hart Career Center. Both forms must be turned in before the last day to add a class.

**INTERNSHIP ASSIGNMENT:** To be completed by **on-site supervisor.**

Name of Organization: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

On-site Supervisor Name and Title: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

INTERNSHIP POSITION: \_\_\_\_\_

Date Internship Begins: \_\_\_\_\_ Date Internship Ends: \_\_\_\_\_ Number of on-site hours/week: \_\_\_\_\_

*NOTE:* Students are expected to complete **120-140 hours** on internship assignments for one academic unit.

Intern's Duties and Responsibilities: (Attach position description, if available.)

Will intern receive any financial compensation?  Yes  No If yes, please specify wages \_\_\_\_\_

**Note: Supervisors - Please sign on back of this form!**

**INTERN'S LEARNING OBJECTIVES:** To be completed by **student intern.**

Please identify your educational and professional goals for this internship and the means for accomplishing them.

Additional expectations/special conditions:

**ACADEMIC REQUIREMENTS:** To be completed by **faculty supervisor**.

Faculty Supervisor: \_\_\_\_\_ Department: \_\_\_\_\_

At the successful completion of this internship, \_\_\_ unit(s) will be awarded for \_\_\_\_\_  
(Course Name and Number)

*NOTE:* 120 -140 hours of internship experiences = one academic unit.

This course will be evaluated on a  credit/no credit basis - or -  letter-grade (A-F) system.

In addition to the evaluation submitted by the on-site supervisor, the student's performance on this internship will be evaluated by the following:

VISITATION SCHEDULE:	<u>Frequency during term</u>	<u>Purpose of Contact</u>
Student and Faculty Supervisor	_____	_____
Student and On-Site Supervisor	_____	_____
Faculty Supervisor and On-Site Supervisor	_____	_____

**MEDICAL INSURANCE COVERAGE:**

Student Insurance #: \_\_\_\_\_

Parent/Guardian Group Insurance #: \_\_\_\_\_ Carrier: \_\_\_\_\_

Other #: \_\_\_\_\_ Carrier: \_\_\_\_\_

**SIGNATURES:**

The signatures of the undersigned indicate that the above agreements have been reviewed and approved. The student intern acknowledges personal responsibility for the internship commitment and agrees to perform the internship duties in a professional and ethical manner. The student intern has been informed of any risks inherent in the work to be performed and knowingly consents to undertake such risks. The sponsor(s) endorse the educational goals of this learning experience and agree to provide supervision and/or training to assist the student in fulfilling the conditions of this internship.

**Signature of Student Intern:** \_\_\_\_\_ Date: \_\_\_\_\_

**Signature of On-Site Supervisor:** \_\_\_\_\_ Date: \_\_\_\_\_

**Signature of Faculty Supervisor:** \_\_\_\_\_ Date: \_\_\_\_\_

Submit completed form directly to the Hart Career Center **before the last day to add a class**. Copies will be sent to 1) Student, 2) Faculty Supervisor and 3) On-site Supervisor. Career Center will notify IWU Registrar to register student for internship course.

**For Office use Only:**  To Student \_\_\_\_\_  To Faculty \_\_\_\_\_  To Supervisor \_\_\_\_\_  
Date/Initials Date/Initials Date/Initials

Updated eRecruiting \_\_\_\_\_  Entered in Internship Report \_\_\_\_\_  To Registrar \_\_\_\_\_  
CC7/2008 Date/Initials Date/Initials Date/Initials