

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 20____, Spring 20____, May 20____, Summer 20____

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