Hart Career Center, Illinois Wesleyan University

**INTERNSHIP LEARNING CONTRACT**

<table>
<thead>
<tr>
<th>Name</th>
<th>Address</th>
<th>City/Zip</th>
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<table>
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<tr>
<th>Major</th>
<th>Minor</th>
<th>Student e-mail</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Class status (during Internship):</th>
<th>F</th>
<th>S</th>
<th>J</th>
<th>Sr</th>
<th>Graduation date</th>
<th>Phone</th>
</tr>
</thead>
</table>

**Term of Internship Credit:**
- ☐ Fall 20___
- ☐ Spring 20___
- ☐ May 20___
- ☐ Summer 20___

**NOTE:** Credit can only be requested for the term in which the majority of the internship hours are completed.

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

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**IMPORTANT:** Students will not be registered for an academic internship until the *Internship Learning Contract* is on file at the Hart Career Center. The contract must be turned in before the last day to add a class or June 15 for summer. If the course will be an overload, student must file a petition with IWU Registrar.

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

<table>
<thead>
<tr>
<th>Name of Organization:</th>
<th>Mailing Address:</th>
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</table>

<table>
<thead>
<tr>
<th>On-site Supervisor Name and Title:</th>
<th>Phone:</th>
<th>Email:</th>
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</table>

**INTERNship POSITION:**

<table>
<thead>
<tr>
<th>Date Internship Begins:</th>
<th>Date Internship Ends:</th>
<th>Number of on-site hours/week:</th>
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</table>

**NOTE:** Students are expected to complete **160 hours** on-site at an internship for **one full course unit** of credit.

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

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Will intern receive any financial compensation?  ☐ Yes  ☐ No  If yes, please specify wages __________

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

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**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.

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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: 160 hours on-site at an internship = one full course unit. (If variable credit, 40 hours for each quarter course unit of credit)

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:

<table>
<thead>
<tr>
<th>Frequency during term</th>
<th>Purpose of Contact</th>
</tr>
</thead>
<tbody>
<tr>
<td>Student and Faculty Supervisor</td>
<td>___________________________</td>
</tr>
<tr>
<td>Student and On-Site Supervisor</td>
<td>___________________________</td>
</tr>
<tr>
<td>Faculty Supervisor and On-Site Supervisor</td>
<td>___________________________</td>
</tr>
</tbody>
</table>

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 or June 15 for summer. 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 ___________________________ Date/Initials ___________________________ 
☐ To Faculty ___________________________ Date/Initials ___________________________ 
☐ To Supervisor ___________________________ Date/Initials ___________________________ 
☐ Updated CareerLink ___________________________ Date/Initials ___________________________ 
☐ Entered in Internship Report ___________________________ Date/Initials ___________________________ 
☐ To Registrar ___________________________ Date/Initials ___________________________ 

CC4/2014