

CCA CAREER SERVICES: INTERNSHIP LEARNING CONTRACT

1. Student & Faculty Sponsor Information

Student Name: _____
LAST FIRST MI

Student Address: _____
STREET CITY STATE ZIP

Major: _____ Student ID: _____
NOTE: SSN IS NOT STUDENT ID

Faculty Sponsor: _____ Department: _____

Have you previously completed an internship with the site below? NO YES ⇨

Class Level: SOPHOMORE JUNIOR SENIOR

Phone: _____
PLEASE INCLUDE AREA CODE

Email: _____

Fac. Phone: _____
PLEASE INCLUDE AREA CODE

If yes, please indicated FALL 20_____

the semester and number SPRING

of credits received: SUMMER _____ CREDITS

3. Internship Site & Supervisor Information

Organization: _____

Supervisor Name: _____

Phone: _____
PLEASE INCLUDE AREA CODE

Fax: _____

Email: _____

Site Address: _____
STREET CITY STATE ZIP

Semester: FALL SPRING SUMMER 20_____

Start Date: ____/____/____ End Date: ____/____/____

Compensation: PAID: ____/HR UNPAID Number of Credits: _____ Hours/week: _____

The faculty sponsor and the student jointly design the learning contract and are expected to stay in regular contact during the internship for guidance and evaluation.

Learning Objectives: *What I intend to learn.*

Strategies: *What I will do during my internship.*

Evaluation Methods: *How my progress regarding each objective will be measured.*

Closing Activity: *Describe final project/activity different from ongoing evaluation methods.*

Components of final grade:

- 1.
- 2.
- 3.
- 4.

FACULTY SPONSOR: I concur with all components of this learning contract. In my judgement, the student is adequately prepared to meet the terms of the contract, and I agree to work with the student to ensure that objectives, strategies, and methods are carried out.

SITE SUPERVISOR: I have read this learning contract, and attest that its components meet the standards and expectations for an internship with my organization/company. I agree to conduct an evaluation of the student and participate in a site visitation if requested.

FACULTY SPONSOR SIGNATURE DATE

SITE SUPERVISOR SIGNATURE TITLE DATE

STUDENT: I concur with all components of this learning contract, and agree to carry out the objectives, strategies, and methods of the contract promptly and to the best of my ability.

STUDENT SIGNATURE DATE

CCA INTERNSHIP COORDINATOR SIGNATURE DATE

CCA CAREER SERVICES: BRAINSTORMING FOR SETTING GOALS

Use the following questions to begin to identify your personal learning objectives with your faculty advisor. The objectives on your learning contract may change after meeting with you site supervisor.

- What practical experience will I obtain?
- Will I work with specific computer hardware or software to develop my professional skills?
- How will I improve written and verbal communication skills through this internship?
- How will I develop my ability to give and receive feedback?
- How will I learn about the culture of the organization?
- How will I learn about the formal structure of the organization and where a staff intern fits into the hierarchy?
- How do I learn about the mission or goals of my employer?
During my internship, how will my work reflect mission?
- Where may I find opportunities to learn about my supervisor's decision-making techniques?
- How will I build and sustain relationships with my co-workers?
- How can I use my internship position to meet and network with others in my field?