

## MARIAN UNIVERSITY INTERNSHIP LEARNING CONTRACT

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Student Name: \_\_\_\_\_ Student I.D. \_\_\_\_\_ Expected Grad Year: \_\_\_\_\_  
*(last) (first) (mi)*

Address: \_\_\_\_\_  
*(mailing address during internship) (city) (state) (zip)*

E-Mail: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Major: \_\_\_\_\_ Contract for Semester: \_\_\_\_\_ Year \_\_\_\_\_ Start Date: \_\_\_/\_\_\_/\_\_\_ End date: \_\_\_/\_\_\_/\_\_\_

Internship advisor: \_\_\_\_\_ Dept: \_\_\_\_\_ Phone: 317.955. \_\_\_\_\_ Hrs/Wk: \_\_\_\_\_  Paid  Unpaid

Site supervisor: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ E-Mail: \_\_\_\_\_  
*(first/last name)*

Internship Site and Mailing Address: \_\_\_\_\_  
*(organization's name)*

\_\_\_\_\_  
*(organization's street address) (city) (state) (zip)*

Type of Site:  Non-profit  Government  Corporate  Arts  other \_\_\_\_\_ How did you find this internship? \_\_\_\_\_

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### Learning Objectives

*(What I intend to learn)*

### Learning Tasks and Strategies

*(How I intend to achieve my objectives)*

### Evaluation and Learning Outcomes

*(How faculty will evaluate my progress and performance)*

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**Faculty Internship Advisor:** I agree with the components of this Learning Contract. The student is prepared to meet the terms of the contract, and I agree to work with the student to successfully complete the internship.

**Faculty Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Student:** I agree with the components of this Learning Contract, and will work to successfully complete the internship.

**Student Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Site Supervisor:** I have read this Learning Contract, and agree with the expectations for the internship with my organization. I will endeavor to provide an adequate learning environment for the student to accomplish the learning tasks and strategies described in this document.

**Site Supervisor Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Director of Internships and Career Services Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_