

MARIAN COLLEGE INTERNSHIP LEARNING CONTRACT

Student Name: _____ Student ID# _____ Expected Yr. Grad: _____
(last) (first) (mi)

Address: _____ E-Mail: _____ PH: _____
(mailing address during internship) (city) (state) (zip)

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 & Mailing Address: _____
(Organization) (street address) (city) (state) (zip)

Type of Site: Non-profit Gov't Corporate Arts other _____ How did you find this internship? _____

Learning Objectives

(What I intend to learn)

Learning Tasks & Strategies

(How I intend to achieve my objectives)

Evaluation & Learning Outcomes

(How faculty will evaluate my progress and performance)

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 Experiential Learning: _____ Date: _____