

LEARNING CONTRACT FOR EXPERIENTIAL EDUCATION

Placement Term Spring _____
 Summer _____
 Fall _____

PLEASE TYPE

Student's Name _____ S.S. No. _____

Major _____ GPA _____ Credit Hours Completed _____

Concentration/Minor _____ Total previous intern credit hours _____

Address During Placement _____

Phone _____ Registration: CRN _____ Subject/Number _____

Total Number of Hours at Internship per week _____

Dates: From _____ to _____ Credit Hours _____

Placement: Organization Name _____

Organization Supervisor _____

Title of Internship _____

Faculty Sponsor _____

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EDUCATIONAL OBJECTIVES: After consulting your Faculty Sponsor, state clearly what you want to learn from this experience in terms of the application of theory or method of inquiry, acquisition of professional knowledge, development of specific skills, career exploration, etc. Be sure attainment of your objectives can be assessed. (Attach additional page if necessary).

- 1.

- 2.

- 3.

- 4.

- 5.

- 6.

LEARNING CONTRACT

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JOB REQUIREMENTS: After consulting your Organization Supervisor, list what you are expected to do in your position. Be specific.

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

METHOD OF EVALUATION OF EDUCATIONAL OBJECTIVES: After consulting your Faculty Sponsor, list specific requirements for evaluation. These may be written journals, logs, papers, and organization supervisor evaluations; or other types of evidence such as photographs, conferences with Faculty Sponsor, and samples of work done at the placement. Specify due dates.

Evaluation Requirement

Date Due

REMINDER: Please be sure to include a completed Waiver of Responsibility Form with all Learning Contracts.

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ACCEPTANCE (signatures)

Student _____ Date _____

Organization Supervisor _____ Date _____

Faculty Sponsor _____ Date _____

Assistant Dean _____ Date _____

cc: Registrar's Office

common/Academic Affairs-Sandy Swanson (internship folder)
revised 3/17/04 - el