



INTERNSHIP LEARNING CONTRACT

Heidelberg College - Office of Career Development
(419) 448-2058

STUDENT INFORMATION

_____ Semester, 20____

Student/Intern _____ Phone _____ Email _____

Sponsoring Organization _____ Phone _____

Off-Campus Supervisor _____ Phone _____

Street Address _____

City _____ State _____ Zip _____

Email _____ Fax _____

Faculty Supervisor _____ Phone _____

Department under which Internship is registered _____

Overall G.P.A. _____ **Hours Earned** _____

FACULTY SUPERVISOR AGREEMENT

I approve this student's placement and agree to monitor, evaluate, and assign the final grade certifying academic credit for this internship. I also verify that the student meets the minimum internship GPA requirement set by the department under which the internship is registered.

Date _____ Signature _____ Title _____

OFF-CAMPUS SUPERVISOR AGREEMENT

I agree to supervise this student in the work described herein and to supply any information as specified to aid the instructor's final evaluation of the student.

Date _____ Signature _____ Title _____

STUDENT AGREEMENT

I agree to fulfill the assignment as described above and understand what is required of me, the criteria that will be used for evaluation, and the nature of the grading.

Date _____ Signature _____

Internship Goals (Relationship of the internship to the student's academic and career program):

Specific Internship Duties:

Anticipated Work Schedule, Days and Times (Be as specific as possible):

Reading List (Optional):

Evaluation Procedures and Materials (Percentage of grade based on papers, a log, a journal, reports, etc.):

Number of Credits _____* Regular Grading _____ or Pass/Fail _____

**Please note that you will be billed for credit hours associated with completing an internship for academic credit*

Date internship will be completed: _____
(Grade is due in Office of Registrar one week after date of completion.)

CONTACT SCHEDULE

Contact Schedule for Student and Faculty Supervisor:
(At least two contacts during the internship)

_____	_____
Date	Time
_____	_____
Date	Time

Contact Schedule for Faculty Supervisor and Off-Campus Supervisor:
(At least two contacts during the internship)

_____	_____
Date	Time
_____	_____
Date	Time