

Office Use Only

Term Enrolled _____ Course #: _____
Data Entered _____ By _____

Internship Learning Contract

Student Name: _____ ID#: _____

E-mail Address: _____

Junior Senior CUM GPA: _____ Major GPA: _____

Course Number: _____ Complete Project Title: _____

Units of Credit: _____ (140 hours required for 1.00 course credit)

Beginning Date: _____ Date to be Completed: _____

Faculty Sponsor: _____ Work-site Supervisor _____

Learning Objectives:

Blank area for Learning Objectives.

Student Activities/Responsibilities:

Blank area for Student Activities/Responsibilities.

Sponsor Activities/Responsibilities:

Blank area for Sponsor Activities/Responsibilities.

Faculty Sponsor Signature Date

Department Chair Signature Date

Director of International Programs Date

Student Signature Date

Advisor Signature Date

Vice President for Enrollment Management Date

Please return form to the Vice President for Enrollment Management, WBC 118.

