

Hart Career Center, Illinois Wesleyan University
INTERNSHIP LEARNING CONTRACT

Name: _____ Address: _____ City/Zip: _____

Major: _____ Minor: _____ Student E-mail: _____

ID Number: _____ Graduation Date: _____ Phone: _____

Class status (during Internship): Fr So Jr Sr

Term of Internship Credit: Fall 20_____, Spring 20_____, May 20_____, Summer 20_____

NOTE: Credit can only be requested for the term in which the majority of the internship hours are completed.

List the other courses you will be enrolled in during this term: _____

IMPORTANT: Students will not be registered for an academic internship until the *Internship Learning Contract* is on file at the Hart Career Center. The contract must be turned in before the last day to add a class. If the course will be an overload, student must file a petition with the IWU's Registrar's Office.

INTERNSHIP ASSIGNMENT: To be completed by the **On-Site Supervisor**.

Name of Organization: _____

Mailing Address: _____

On-site Supervisor Name and Title: _____

Phone: _____ Email: _____

INTERNSHIP POSITION TITLE: _____

Date Internship Begins: _____ Date Internship Ends: _____ Number of on-site hours/week: _____

NOTE: Students are expected to complete 160 hours on-site at an internship for **one full course unit** of credit.

Intern's Duties and Responsibilities: (Attach position description, if available.)

Will the intern receive any financial compensation? Yes No If yes, please specify wages: _____

Note: Supervisors - Please sign on the back of this form!

INTERN'S LEARNING OBJECTIVES: To be completed by the **Student Intern**.

Please identify your educational and professional goals for this internship and the means for accomplishing them.

Additional expectations/special conditions:

ACADEMIC REQUIREMENTS: To be completed by the **Faculty Supervisor**.

Faculty Supervisor: _____ Department: _____

At the successful completion of this internship, _____ unit(s) will be awarded for _____

(Course Name and Number)

NOTE: 160 hours on-site at an internship = one full course unit. (If variable credit, 40 hours for each quarter course unit of credit)

This course will be evaluated on a credit/no credit basis - or - letter-grade (A-F) system.

In addition to the evaluation submitted by the on-site supervisor, the student's performance on this internship will be evaluated by the below requirements.

CHECK-IN/VISITATION SCHEDULE:	<u>Frequency during term</u>	<u>Purpose of Contact</u>
Student and Faculty Supervisor	_____	_____
Student and On-Site Supervisor	_____	_____
Faculty Supervisor and On-Site Supervisor	_____	_____

MEDICAL INSURANCE COVERAGE:

Student Insurance #: _____

Parent/Guardian Group Insurance #: _____ Carrier: _____

Other #: _____ Carrier: _____

SIGNATURES: The signatures of the undersigned indicate that the above agreements have been reviewed and approved. The student intern acknowledges personal responsibility for the internship commitment and agrees to perform the internship duties in a professional and ethical manner. The student intern has been informed of any risks inherent in the work to be performed and knowingly consents to undertake such risks. The sponsor(s) endorse the educational goals of this learning experience and agree to provide supervision and/or training to assist the student in fulfilling the conditions of this internship. ***If this internship is to be on site, the organization agrees to observe COVID-19 guidelines from the Centers for Disease Control (CDC), to provide Personal Protective Equipment (PPE), along with any federal, state or local restrictions. The student understands that they may be assuming a level of risk associated with completing the internship on-site with the organization.**

Signature of Student Intern: _____ Date: _____

Signature of On-Site Supervisor: _____ Date: _____

Signature of Faculty Supervisor: _____ Date: _____

Submit completed form directly to the Hart Career Center **before the last day to add a class**. Copies will be sent to 1) Student, 2) Faculty Supervisor and 3) On-site Supervisor. The Hart Career Center will notify the IWU Registrar to register the student for the internship course.

For Office use Only: To Student _____ To Faculty _____ To Supervisor _____
 Date/Initials Date/Initials Date/Initials

Updated Handshake _____ Entered in Internship Report _____ To Registrar _____
 Date/Initials Date/Initials Date/Initials