

## LEARNING CONTRACT FOR EXPERIENTIAL EDUCATION

To be completed by the **STUDENT** (*signature required on page 2*)

Student Name \_\_\_\_\_ Fredonia ID # \_\_\_\_\_  
First Last

Major \_\_\_\_\_ Concentration/Minor \_\_\_\_\_

Current G.P.A. \_\_\_\_\_ Cr. Hrs. Completed \_\_\_\_\_ Previous Intern Cr. Hrs. Earned \_\_\_\_\_  
 Á

Place of Residence during Internship \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ (\_\_\_\_\_) \_\_\_\_\_  
 Á Area Code / Phone

Student's E-mail \_\_\_\_\_

To be completed by the **SITE SUPERVISOR - ORGANIZATION** (*signature required on page 2*)

Student's Internship Title \_\_\_\_\_

Dates of Internship from \_\_\_\_/\_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_/\_\_\_\_ Number of Weekly Internship Hours \_\_\_\_\_

Organization Name \_\_\_\_\_ Organization Website \_\_\_\_\_

Organization Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ (\_\_\_\_\_) \_\_\_\_\_  
 Á Area Code / Phone

Site Supervisor \_\_\_\_\_ Site Supervisor's E-mail \_\_\_\_\_

Compensation:  Paid \$\_\_\_\_\_  Stipend  Hour  Week  Month  Semester  Other \_\_\_\_\_  
 Unpaid

To be completed by the **FACULTY SPONSOR** (*signature required on page 2*)

Faculty Sponsor \_\_\_\_\_ Campus Address/Bldg./Room \_\_\_\_\_ E-mail \_\_\_\_\_ (\_\_\_\_\_) \_\_\_\_\_  
 Á Area Code / Phone

Student Registration: Dept., Course No.(s), Sect.(s) \_\_\_\_\_ Cr. Hrs. \_\_\_\_\_

Internship Term: Fall \_\_\_\_\_ Spring \_\_\_\_\_ SS1 \_\_\_\_\_ SS2 \_\_\_\_\_ Extended Sum \_\_\_\_\_ Winter \_\_\_\_\_

Grading System:  S/U  Letter Mid-term Evaluation Due Date: \_\_\_\_\_ Final Evaluation Due Date: \_\_\_\_\_

**IMPORTANT:**

1. COMPLETE BOTH PAGES OF THE LEARNING CONTRACT
2. GET SIGNATURES FROM YOUR SITE SUPERVISOR AND FACULTY SPONSOR
3. REGISTER FOR THE CORRECT INTERNSHIP COURSE (Faculty Sponsor approval required)
4. **SUBMIT COMPLETED CONTRACT TO THE CDO NO LATER THAN THE FIRST WEEK OF THE INTERNSHIP.**
5. DIRECT QUESTIONS TO: Career Development Office ▪ Gregory Hall, 2<sup>nd</sup> floor ▪ [careers@fredonia.edu](mailto:careers@fredonia.edu)  
 Phone: (716) 673-3327 ▪ Fax: (716) 673-3593 ▪ [www.fredonia.edu/cdo](http://www.fredonia.edu/cdo)

**JOB REQUIREMENTS** (SITE SUPERVISOR/STUDENT): After consulting with your Site Supervisor, list what you are expected to do in your position. Be specific.

1. \_\_\_\_\_  
\_\_\_\_\_
2. \_\_\_\_\_  
\_\_\_\_\_
3. \_\_\_\_\_  
\_\_\_\_\_
4. \_\_\_\_\_  
\_\_\_\_\_
5. \_\_\_\_\_  
\_\_\_\_\_

**EDUCATIONAL OBJECTIVES** (STUDENT/FACULTY): After consulting with 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 documented. (Attach additional sheets if necessary.) **(Consider the ways in which you will become *skilled, connected, creative and responsible.*)**

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_

**METHOD OF EVALUATION OF EDUCATIONAL OBJECTIVES** (FACULTY/STUDENT): After consulting with your Faculty Sponsor, list specific requirements for evaluation. These may be written journals, logs, papers, and Site Supervisor evaluations. Other types of evidence may also be used, such as photographs, conferences with your Faculty Sponsor, and samples of work completed at the internship site. **(Student: How will you prove that you are *skilled, connected, creative and responsible?*)**

**Evaluation Requirements**

**Date Due**

- |    | <b>Evaluation Requirements</b> | <b>Date Due</b> |
|----|--------------------------------|-----------------|
| 1. | _____<br>_____                 | _____           |
| 2. | _____<br>_____                 | _____           |
| 3. | _____<br>_____                 | _____           |
| 4. | _____<br>_____                 | _____           |
| 5. | _____<br>_____                 | _____           |

**ACCEPTANCES** (Signatures required):

Student \_\_\_\_\_ Date \_\_\_\_\_  
Site Supervisor \_\_\_\_\_ Date \_\_\_\_\_  
Faculty Sponsor \_\_\_\_\_ Date \_\_\_\_\_  
Internship Coordinator (CDO) \_\_\_\_\_ Date \_\_\_\_\_