

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 _____

Place of Residence during Internship _____ City _____ State _____ Zip Code _____ (_____) _____
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 _____ (_____) _____
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 _____ (_____) _____
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, 2nd floor • careers@fredonia.edu
Phone: (716) 673-3327 • Fax: (716) 673-3593 • www.fredonia.edu/cdo

(Continued)

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

- | | Evaluation Requirements | Date Due |
|----|--------------------------------|-----------------|
| 1. | _____
_____ | _____ |
| 2. | _____
_____ | _____ |
| 3. | _____
_____ | _____ |
| 4. | _____
_____ | _____ |
| 5. | _____
_____ | _____ |

ACCEPTANCES (Signatures required):

Student _____ Date _____

Site Supervisor _____ Date _____

Faculty Sponsor _____ Date _____

Internship Coordinator (CDO) _____ Date _____