Internship Program

Student Learning Agreement

This document will serve as the basis of the student's internship grade. The student, Faculty Internship Adviser, and On-site Supervisor should mutually agree upon the objectives and responsibilities outlined in this document. This form must be completed and submitted to the Career Center along with the Application for Internship and the Student Indemnity Waiver prior to the student's registration for the internship. A Learning Agreement is mandatory for every internship semester (even if the site remains the same).

A. STUDENT INFORMATION

Name: _____

Address: _____
(During the internship)   *Street/PO Box*   *City/State*   *Zip code*

Phone: _____   **E-mail:** _____

Major: _____   **Class Year: 20___**

B. INTERNSHIP SITE INFORMATION (PLEASE PRINT)

Organization: _____

On-Site Supervisor: _____
              Name   *Title*

Mailing Address: _____
          Street/PO Box   *City/State*   *Zip*

Phone: _____   **Fax:** _____   **Email:** _____

The internship is: ( ) Paid   ( ) Unpaid   **If paid, indicate the total amount compensated?** _____

Please indicate the start date: _____ **and end date:** _____
    Even if hour requirement is met prior to the end date, student is still responsible for attending the internship until the above specified date

Please consult your Faculty Internship Adviser and On-Site Supervisor when completing Sections C, D and E below.
    ***** Feel free to use attachments in place of, or in supplement to the spaces below. *****

C. Goals for the internship: What do you hope to learn from doing an internship? How does the internship relate to your academic program?

_____

_____

_____

_____

D. Action Plan for the internship: How will you complete your goals? Identify projects, readings, reports, meetings etc. to complete (include formal internship description, if available).

_____

_____

_____

_____

E. Responsibilities*

*All parties are responsible for the information contained in the Hood College Internship Handbook, available at www.hood.edu/careercenter.

1. **Student:** Please initial that you have read the Hood College Internship Handbook (available at www.hood.edu/careercenter.) _____
2. **Student:** Please discuss any academic assignments with your faculty advisor and complete the following:

Assignment	Due Date	Submitted to

2. **Faculty Internship Adviser** (e.g. conferences — how often; on-site visitation/contact with on-site supervisor)

The faculty internship adviser meets with the intern at the beginning and end of the internship and in between according to the following College guidelines:

- ☐ 3-credit internship: 3 meetings per semester
- ☐ 6-credit internship: 4 meetings per semester
- ☐ 9-credit internship: 5 meetings per semester
- ☐ 12-credit internship: 6 meetings per semester
- ☐ 15-credit internship: 7 meetings per semester

The general objectives of the meetings are to clarify goals and activities, to make a general assessment of work done, and to make a final evaluation. If distance makes it impossible for such meetings, phone calls or letters may be substituted for meetings.

3. **On-Site Supervisor** (e.g. conferences — how often; evaluations; contact with internship Adviser)

Please note that the following are required of all organizations and on-site supervisors:

a) Confer regularly with the student and her/his faculty internship adviser.
b) Provide the Hood College Career Center with a written midterm and final appraisal of the student's work. The Career Center will record these forms and submit them to the Faculty Internship Advisor.
c) Make necessary equipment, supplies and space available for the intern.
d) Arrange a weekly work schedule that can accommodate the student's academic responsibilities.
e) Make available any materials that the student has produced for the organization for review by the faculty internship adviser as an additional basis for grading the student's performance.
f) Carry Worker's Compensation Insurance affording coverage to the intern in the event of on-the-job injury should it be established that an employer/employee relationship exists between the organization and the student. (Paid internships only)

Signatures:

_____   _____
Student **(By signing this agreement you are making a commitment to the organization to fulfill the requirements of the internship**   *Date*
   AND you are indicating that you have read and understood the Hood College Internship Handbook.)

_____   _____   _____
Faculty Internship Adviser Signature   *Please Print*   *Date*

_____   _____   _____
On-Site Supervisor Signature   *Please Print*   *Date*