



INTERNSHIP LEARNING CONTRACT
P.O. Box 1000 Ferrum, VA 24088 (540) 365-2121

The Learning Contract must be completed **prior** to beginning an internship representing Ferrum College. Any student registered for internship credit must complete a Learning Contract in consultation with the on-site internship supervisor and faculty internship supervisor, consistent with course syllabus.

Student Name _____ Student ID # _____ Phone # _____

Complete Campus or Home Address _____

Email _____ Year and Term of Internship: 20 ____ (circle one) Fall Spring Summer

BEFORE work begins, the completed Internship Learning Contract must be submitted to the Office of the Registrar.

Internship Course Number _____ - _____ - _____ Start Date _____ End Date _____

Total Hours to be worked _____ for # of Semester Credits _____ Internship is the only course I am taking? _____

I. ADVISOR APPROVAL Student is in good standing? _____ Cumulative GPA _____ Cumulative Credits Earned _____
Signature of approval to complete internship _____

II. INTERNSHIP FEES Student Account arrangements must be made before the internship begins. See representative in John Wesley Hall, Room 6 or 8. Fee amount \$ _____ Student Account's Representative (initials) _____

III. INTERNSHIP PLACEMENT DETAILS (Program Coordinator assigns Faculty Supervisor)

Internship Organization _____ Address _____

Designated On-Site Supervisor _____ Title _____

Phone # _____ Email _____

Faculty Internship Supervisor _____ Phone # _____ Email _____

IV. The following should be provided and discussed by the student and faculty internship supervisor:

STUDENT'S GOALS (broad statements of proposed learning), OBJECTIVES (specific purposes to be accomplished), WRITTEN JOB DESCRIPTION from the agency, EVALUATION (student learning outcomes) and SYLLABUS (journal, report forms, agency evaluation, faculty supervision visits, analytical paper, presentations, final conference)

V. I certify that I agree to this Internship Learning Contract and information provided to the faculty supervisor. I understand that I may NOT BEGIN THE INTERNSHIP until I submit the required documentation and I am registered. I must drop this class within the appropriate timeframe if the internship is discontinued for any reason.

Student Signature _____ Date _____

On-Site Supervisor Signature _____ Date _____

VI. I approve the Internship placement described in this contract. Please register the student listed above.

Faculty Supervisor Signature _____ Date _____

Program Coordinator Signature _____ Date _____

School Dean Signature _____ Date _____