

## Internship Learning Contract: Instructions

### General Instructions

- This learning contract is to be completed and signed by the student, the faculty internship supervisor, the site supervisor and the Senior Vice President for Academic Affairs **at least 30 days** before the beginning of the internship to ensure that there is ample time for all approvals. It is important that all parties work quickly once an internship has been offered to ensure that a student does not miss the opportunity to receive academic credit.
- The dates of the internship should fall within the dates of a regular semester or summer term. The student will be registered for the internship in accordance with these dates. Only 1 internship class is allowed per semester, typically. Appeals of this policy are reviewed by the Academic Appeals Committee.
- The student must have a cumulative GPA of 2.00 at the beginning of the internship.
- A student may not earn more than 12 credit hours total for internships. Appeals of this policy are reviewed by the Academic Appeals Committee.
- This contract will not be accepted for credit without the site supervisor, faculty internship supervisor, and intern portions of the Learning Contract, (including job description, academic component, and method of evaluation.)

The student should gather all signed forms and return them to:

The Office of Internships and Career Services (Alumni building)  
Wingate University  
PO Box 159  
Wingate, NC 28174  
Or Fax: 704-233-8372  
Or Scan and Email to: s.robinson@wingate.edu

### Student Instructions

Choose someone to serve as your faculty internship supervisor. Complete pages 2 and 3, which is the student form. Please work with your faculty internship supervisor if you are having difficulty. Ensure that the site supervisor completes page 4 and the faculty internship supervisor completes page 5. Do not forget to sign the forms. You will need to be responsible for collecting the forms and submitting them.

- You must have a cumulative GPA of 2.00 at the beginning of the internship.
- To ensure proper internship credit, the Learning Contract **MUST** be completed and signed by the Student, Site Supervisor and Faculty Internship Supervisor, and then returned to Office of Internships and Career Services.
- The registrar will enroll you in the internship course and notify you. Do not make any course changes until you are sure that the internship has been approved for you.

### Site Supervisor Instructions

Please complete page 4, which is the site supervisor form. Sign the form.

Wingate University greatly appreciates your support of our students as interns. Your role is integral to the student's internship experience and success. Please let us know if you have any questions.

### Faculty Instructions

Please complete page 5, which is the faculty internship supervisor form. Sign the form.

The Office of Internships & Career Services greatly appreciates your support of our students as interns. Your role is integral to the student's internship experience and success. Please let us know if you have any questions.

For office use only: GPA _____
Probation/Suspension? _____

## Internship Learning Contract: Student Intern

Please return this form to: The Office of Internships and Career Services, Alumni Building or fax: 704-233-8372

(Click once in each gray field to enter text.)

Intern Name	
Student ID Number	
Major	
Campus Box	
Phone	
Email address	
Term/year in which internship hours will take place (example: Summer 2015; Please note: Credit can only be granted during semester when work hours actually occur)	
Have you earned credit for an internship in the past?	
Title of Internship	
Course Name and Number	
Are you an international student (on an F1 visa)?	
Your faculty internship supervisor (person who will supervise you in internship and issue grade)	
Will you make any changes to your class schedule after internship is approved? If so, list changes: (Note: your faculty academic advisor should be consulted)	

**Important Note:** If you will take more than 18 hours, you will need to submit an overload request form with your Learning Contract. There is an additional tuition fee for an overload. **Also, if you don't see this internship course in your schedule in winlink within 2 weeks after signing this contract, please let the Office of Internships & Career Services know so that we can investigate. Thank you.**

### STUDENT INTERN RESPONSIBILITIES

I have read and understood the Wingate University Internship Guidebook and agree to abide by all terms in that book.

I concur with and accept the academic and work assignments indicated in this learning contract. I agree to complete all work assignments promptly and to the best of my ability. I agree to familiarize myself with and to adhere to the relevant organizational policies and procedures and the appropriate standards of ethical conduct. Further, I understand there are ordinary risks inherent in the workplace and I will become aware of and consent to undertake such risks. I also understand that Wingate University has no control over any hazards to which I may be exposed during the internship and do not hold the University liable for any accidents that may occur.

Student Signature \_\_\_\_\_ Date \_\_\_\_\_

### **Internship Learning Contract: Student Intern (continued)**

Please return this form to: The Office of Internships and Career Services, Alumni Building or fax: 704-233-8372

(Click once in each gray field to enter text.)

Identify one or more learning objectives in each of the following categories. Work with your faculty internship supervisor as needed.

- Academic Learning & Application...related to the ideas, concepts or theories of your field of study.
  - Example of Learning Objective: Accounting intern: I want to see the matching concept in use; History intern: I want to teach others about colonial life in North Carolina in the 1700's.
  - Example of Tasks & Strategies: Accounting intern: I will prepare balance sheet & income statement; History intern: I will conduct group tours, describing life in the 1700's in Bath, NC.
- Skill Development...i.e. oral and written communication, problem-solving, decision-making, teamwork, skills specific to the occupation.
- Personal Development...i.e. career exploration, self-confidence, sensitivity, and appreciation for diversity, clarification of values.

Incorporate the following material into your learning contract:

Category	Learning Objectives (What I want to learn)	Tasks & Strategies (How I'm going to learn it)
Academic Learning & Application		
Skill Development		
Personal Development		

Student Signature \_\_\_\_\_ Date \_\_\_\_\_

## Internship Learning Contract: Site Supervisor

Please return this form to the student who will return it to: The Office of Internships and Career Services, Wingate University, PO Box 159, Wingate, NC 28174, or fax: 704-233-8372 or scan and email to: s.robinson@wingate.edu

This section must be completed and signed by the Site Supervisor or appropriate Site Representative:

(Click once in each gray field to enter text.)

Company Name	
Address (street, city, state, zip)	
Phone	
Fax	
Site Supervisor Name	
Title/Department	
Site Supervisor Email	
Intern Name	
Start <u>and</u> end dates of internship (month/day/year)	
Schedule (# of hours that intern will work per week) We require a minimum of 34 work hours per semester for a 1 credit hour internship (100 hours per semester for a 3 credit hour internship). Some academic departments require more hours.	

### Intern Work Component/Job Description

Describe/list the intern's job responsibilities and learning opportunities. Be as specific as possible when listing duties, projects, meetings, training, informational interviews with professionals, etc. (It is acceptable to attach an additional page.)

### SITE SUPERVISOR RESPONSIBILITIES

I have read and understood the Wingate University Internship Guidebook and agree to abide by all terms in that book.

I have discussed this internship with the student and have negotiated and assigned the work component which appears on this learning contract. The site will indemnify and hold harmless Wingate University against all liability for injury, loss, claims, or damages resulting from the negligent acts or omissions of the intern during the course of the internship.

Site Supervisor Signature \_\_\_\_\_ Date \_\_\_\_\_

## Internship Learning Contract: Faculty Internship Supervisor

Please return this form to the student who will return it to: The Office of Internships and Career Services, Wingate University, PO Box 159, Wingate, NC 28174, or fax: 704-233-8372

This section must be completed and signed by the Faculty Internship Supervisor or designated departmental representative  
(Click once in each gray field to enter text.)

Faculty Internship Supervisor Name		Phone	
Email		Intern Name	
Course Name and Number		Credit hours	

### Evaluation

Describe in detail how learning will be evaluated (i.e. monthly logs, mid-term and final site evaluations, research paper, portfolio, or class presentation). List due dates and % of grade as appropriate. (It is acceptable to attach an additional page.)

Assignment	Due Date	% of grade
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**Note to faculty member: If you don't see the student's internship course in winlink within 2 weeks after signing this contract, please let the Office of Internships & Career Services know so that we can investigate. Thank you.**

### FACULTY SUPERVISOR RESPONSIBILITIES

I have read and understood the Wingate University Internship Guidebook and agree to abide by all terms in that book.

I have discussed and negotiated with the student the academic component as indicated on the learning contract. I concur with the stipulation of this agreement. I further agree to be available to meet with the student to discuss the internship experience and to conduct an on-site visit when possible.

Faculty Internship Supervisor Signature \_\_\_\_\_ Date \_\_\_\_\_

Final Administrative Signatures: I have reviewed this contract for completeness.

Internships & Career Services \_\_\_\_\_ Date \_\_\_\_\_

Department Head (if applicable) \_\_\_\_\_ Date \_\_\_\_\_

Dean \_\_\_\_\_ Date \_\_\_\_\_

Registrar \_\_\_\_\_ Date \_\_\_\_\_