

**INTERNSHIP PROGRAM  
STUDENT LEARNING CONTRACT**

**PART I: CONTACT INFORMATION**

**A.** Student Name: \_\_\_\_\_ Student ID: \_\_\_\_\_

***Campus Address***

Street: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_

Email: \_\_\_\_\_

***Home Address***

Street: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_

Email: \_\_\_\_\_

***Address while completing internship***

Street: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

**B.** Internship Organization: \_\_\_\_\_

Street: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Supervisor Name: \_\_\_\_\_ Title: \_\_\_\_\_

Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

Position Start Date: \_\_\_\_\_ Position End Date: \_\_\_\_\_

Hours Per Week: \_\_\_\_\_

## **PART II: LEARNING OBJECTIVES/ACTIVITIES & EVALUATION**

**A. *Learning Objectives:*** What do you intend to learn through this experience? Be specific. Please use concrete, measurable terms.

### **B. *Learning Activities***

(1) **On-the-job:** Describe how your internship activities will enable you to meet your learning objectives. Include projects, research, report writing, conversations, etc. that you will carry out while working, relating them to what you intend to learn.

(2) **Off-the-job:** Work related reading, writing, peer group discussion, field trips, observations, etc. that you will carry out to help you meet your learning objectives.

C. *Supervision:* Describe in as much detail as possible the supervision to be provided, i.e., what kind of instruction, assistance, and/or consultation you will receive and from whom.

D. *Evaluation:* How will you know what you have learned, or that you have achieved your learning objectives? How do you wish to evaluate your progress toward meeting these objectives?

#### **PART IV: AGREEMENT**

This contract may be terminated or amended by the student, faculty advisor, or internship supervisor at any time when written notice is received by the other two parties. *Please retain a copy for your records.*

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

Internship Supervisor: \_\_\_\_\_ Date: \_\_\_\_\_

Internship Faculty Advisor: \_\_\_\_\_ Date: \_\_\_\_\_

***Please return the completed form to the Jepson School drop box located at Jepson 122.***

***Forms may also be mailed, scanned and e-mailed, or faxed to:***

Dr. Kerstin Soderlund

Associate Dean for Student and External Affairs

Jepson School of Leadership Studies, 123 Jepson Hall

28 Westhampton Way

University of Richmond, VA 23173

[E-mail: ksoderlu@richmond.edu](mailto:ksoderlu@richmond.edu)

Fax: (804) 287-6062

*Scanned or faxed signatures are acceptable.*