



CAREER DEVELOPMENT CENTER

**INTERNSHIP LEARNING CONTRACT**

Name \_\_\_\_\_ ID# 800 - \_\_\_\_\_ - \_\_\_\_\_ Phone \_\_\_\_\_

Address/Hall \_\_\_\_\_ City/State/Zip \_\_\_\_\_

Major(s) \_\_\_\_\_ Minor \_\_\_\_\_ Graduation date \_\_\_\_\_

Total Credit Hours Completed: \_\_\_\_\_ Cumulative GPA: \_\_\_\_\_ Entry date: \_\_\_\_\_

Intern for Term:     Fall 20\_\_\_\_     Spring 20\_\_\_\_     Summer 20 \_\_\_\_\_

**INTERNSHIP ASSIGNMENT:** To be completed by the on-site supervisor.

Name of organization: \_\_\_\_\_

Address: \_\_\_\_\_ City \_\_\_\_\_ ST \_\_\_\_\_ Zip \_\_\_\_\_

On-site Supervisor/Title: \_\_\_\_\_ Phone: \_\_\_\_\_

Internship Position: \_\_\_\_\_

Date Internship Begins: \_\_\_\_\_ Date Ends: \_\_\_\_\_ Hours/week: \_\_\_\_\_

Intern's Duties and Responsibilities:

Will the intern receive any financial compensation?     Yes     No

If yes, please specify \_\_\_\_\_

*Engaging mind and spirit™*

500 Wilcox Street, Joliet, IL 60435

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**Academic Requirements/Learning Student Outcomes:** To be completed **by faculty supervisor.**

Faculty supervisor: \_\_\_\_\_ Department: \_\_\_\_\_  
Student Name (print): \_\_\_\_\_ SS# \_\_\_\_\_  
Upon successful completion of this internship, \_\_\_\_\_ credits will be awarded for \_\_\_\_\_  
(Term)

In addition to the evaluation submitted by the on-site supervisor, the student's performance on this internship will be evaluated by the following:

(Use additional sheet if needed)

The signatures of the undersigned indicate that the above agreements have been reviewed and approved. The intern acknowledges personal responsibility for the internship commitment and agrees to perform the internship duties in a professional and ethical manner. The sponsor endorses the educational goals of this learning experience and agrees to provide supervision and/or training to assist the student in fulfilling the conditions of this internship.

Signature of Student Intern: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Director of Career Development \_\_\_\_\_ Date: \_\_\_\_\_

Signature of On-Site Supervisor: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Faculty Supervisor: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Department Chair: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of College Dean: \_\_\_\_\_ Date: \_\_\_\_\_

**Please complete both sides of this form and submit directly to the Registrar's Office.**

**Received by Registrar's Office:** Initialed \_\_\_\_\_ Date \_\_\_\_\_

Original: Academic Affairs      Copies: 1) Registrar, 2) **Faculty Supervisor**, 3) **Department Chair**,  
**4) Dean of College**, 5) Career Development Director (Original), 6) **Student**, 7) **Red File (CDC)**