



EXPERIENTIAL LEARNING CONTRACT

INTERNSHIP COORDINATOR

*** To be completed by Career Development ***

Name		Title	
Mail Code		Email	
Work Phone		Fax	

FACULTY

Faculty Mentor		Department	
Mail Code		Email	
Work Phone		Fax	
Cell Phone		Other	

STUDENT

Name		ID		Course	
Address		City, State, Zip			
Home Phone		Cell Phone			
Email		Grad Date			

COMPANY/ORGANIZATION

Company Name			
Address		City, State, Zip	
Site Supervisor		Title	
Work Phone		Email	
Website		Fax	
Hours Required		Salary	



STUDENT ASSIGNMENT

The following is to be completed by the Faculty Mentor. Please give a description of the assignment in as much detail as possible concerning the academic project (daily journal, research paper or special project). Be precise and accurate in discussing the topics to be covered, their relation to the job assignment and major area of study, length of paper or project etc. Special attention should be paid as to how the assignment impacts on the student's career goals. **PLEASE GIVE DUE DATES FOR ACADEMIC PROJECTS.**

1)		Due	
2)		Due	
3)		Due	

LEARNING OBJECTIVES

Please indicate at least 3 learning objectives the student will expect to accomplish during this experience. Include how the student will prove attainment of these objectives as well as appropriate deadlines.

1)		Due	
2)		Due	
3)		Due	

READINGS AND SOURCE MATERIAL

Indicate required or suggested source material related to the academic project(s).

1)		Due	
2)		Due	
3)		Due	

GRADING CRITERIA

State specific standards to be used in evaluating the academic project(s) in determining the semester grade. For multiple assignments, indicate how each part will be weighted for grading purposes. Include a percentage for the Employer Evaluations.

	%	Employer Mid-Semester and Final Evaluation (Forwarded from Career Development)
	%	
	%	
	%	



I understand that:

Career Development reserves the right to terminate my internship for cause. Cause shall include, but shall not be limited to, unprofessional behavior, excessive absence or lateness, violation of the University's or internship agency's confidentiality policy, and failure to carry out agreed duties and responsibilities. Students who have an internship terminated for cause are required to drop the internship course and will not be permitted to take another internship for credit;

Student initials

Participation in this internship is entirely voluntary and that any such internship program involves some element of risk. I agree that I will indemnify, defend and hold harmless Fairleigh Dickinson University, its trustees, officers, agents, employees, successors and assigns from liability for any and all claims, demands, rights or causes of action, present or future, resulting from or arising out of internship program, including any travel or other activity conducted by or under the auspices of the program;

Student initials

The University requires that all students be covered by appropriate accident and medical insurance and that the internship agency may require me to purchase liability insurance. My signature below acknowledges I shall be financially responsible for such expenses and verifies that I am covered by the required insurances;

Student initials

The hours and duties listed on the job description are subject to change based on mutual agreement of the internship agency and the student in consultation with the faculty mentor.

Student initials

This Learning Contract is designed to protect all participants in Fairleigh Dickinson's internship program(s), including students, faculty members, Fairleigh Dickinson and individuals cooperating with the University. I HAVE READ AND UNDERSTAND THIS LEARNING CONTRACT AND AGREE THAT BY MY SIGNATURE BELOW I AM AGREEING TO BE BOUND BY THEM.

Student and Faculty Mentor should sign three (3) copies of this Learning Contract, retaining one fully executed copy each, with the third fully executed copy to be delivered to Career Development (M-SC1-01) before beginning the internship.

Student _____

Date: _____

Faculty Mentor _____

Date: _____