

OWEN CENTER

UNDERGRADUATE INTERNSHIP LEARNING CONTRACT

Heidelberg University – Owen Academic & Career Support Center – 419.448.2301

STUDENT INFORMATION _____ Semester, 20____

Student _____ Phone _____ Email _____

Major _____

Please check here if you are an International Student – your internship must comply with your F Visa Status. Please see the university PDSO / DSO official to review compliance requirements prior to submission of this form.

UNIVERSITY APPROVALS

1. _____ (student name) has or has not completed 56 or more university credit hours and meets the 2.00* cumulative grade point average minimum therefore qualifies to enroll in an internship. ***Please note: some majors may require a higher GPA.**

Registrar _____ Date _____

2. The prospective intern is is not eligible for the Great Lakes Career Ready Internship Grant for fall spring summer

Financial Aid Office _____ Date _____

3. Faculty Supervisor _____ Phone _____

a. Subject Prefix under which Internship is registered: _____

b. Number of Credits: _____ * Regular Grading _____ or Pass/Fail _____

***Please note that you will be billed for credit hours associated with completing an internship for academic credit. A student must work 40 hours for each hour of internship credit.**

If you have completed your required hours and are on the Great Lakes Career Ready Grant, you may continue working as an unpaid intern.

c. Date internship will begin: _____

d. Date internship will be completed: _____

(Grade is due in Office of Registrar one week after date of completion.)

STUDENT AGREEMENT

I agree to fulfill the assignment as described on the following page and understand what is required of me, the criteria that will be used for evaluation, and the nature of the grading.

Date _____ Signature _____

PLEASE COMPLETE THE FOLLOWING SECTIONS WITH YOUR FACULTY SUPERVISOR TO THE BEST OF YOUR ABILITY

Internship Goals (relationship of the internship to the student's academic and career program):

Specific Internship Duties:

Anticipated Work Schedule, Days and Times (be as specific as possible):

Reading List (Optional):

Evaluation Procedures and Materials (Percentage of grade based on papers, a log, a journal, reports, etc.):

FACULTY SUPERVISOR AGREEMENT

I approve this student's internship and agree to monitor, evaluate, and assign the final grade certifying the credit for this internship.

Date _____ Signature _____ Title _____

DEPARTMENT CHAIR (or Assistant/Associate Dean)

I approve this internship arrangement between the Faculty Supervisor and Student.

Date _____ Signature _____

CONTACT SCHEDULE

Contact Schedule for Student and Faculty Supervisor:
(At least two contacts during the internship)

_____ (on or before the 8th week of the semester)
Date _____ Time _____

_____ (on or before the 12th week of the semester)
Date _____ Time _____

INTERNSHIP SITE INFORMATION

Heidelberg University – Owen Academic & Career Support Center – 419.448.2301

Student _____ Phone _____ Email _____

Major _____

Company/Agency _____ Phone _____

Off-Campus Supervisor _____ Phone _____

Supervisor Title _____

Address _____

City _____ State _____ Zip _____

Email _____ Fax _____

The internship site is providing a paid or unpaid internship position.

1. Date internship will begin: _____

2. Anticipated Ending Date of Internship: _____

OFF-CAMPUS SUPERVISOR AGREEMENT

I agree to supervise this student in the work described herein and to supply any information as specified to aid the instructor's final evaluation of the student.

Date _____ Signature _____ Title _____

CONTACT SCHEDULE

Contact Schedule for Faculty Supervisor and Off-Campus Supervisor:

(At least two contacts during the internship)

_____ (on or before the 8th week of the semester)
Date _____ Time _____

_____ (on or before the 12th week of the semester)
Date _____ Time _____