

# Individual Academic Internship Learning Contract

## Bethel University

ALL REQUESTED INFORMATION MUST BE COMPLETED BEFORE THIS FORM WILL BE PROCESSED.

Name: \_\_\_\_\_ ID#: \_\_\_\_\_ Class (circle one): Jr. Sr.

Email: \_\_\_\_\_ P.O. #: \_\_\_\_\_ Phone: \_\_\_\_\_

Cum GPA: \_\_\_\_\_ Major GPA: \_\_\_\_\_ Sponsoring Department \_\_\_\_\_

Academic Discipline of Internship: \_\_\_\_\_ Organization: \_\_\_\_\_

Organization Address: \_\_\_\_\_

Site Supervisor's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Site Supervisor's Title: \_\_\_\_\_ Email: \_\_\_\_\_

Internship Term (circle one) Fall Interim Spring Summer Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_

*Please check the requirements of your program before selecting.*

Credits (circle one) 1 (minimum 45 hours) 2 (minimum 90 hours) 3 (minimum 135 hours) 4 (minimum 180 hours)

Pay Rate: \_\_\_\_\_ Hours/week: \_\_\_\_\_ Total Hours to be spent at site: \_\_\_\_\_  
(if applicable)

Learning Objectives Skills, competencies you intend to learn/improve.	Strategies/Resources/ Tasks Your plan to achieve learning objectives.*
1.	1.
2.	2.
3.	3.
4.	4.

\* A DESCRIPTION OF THE INTERNSHIP DUTIES MUST BE ATTACHED.

I have discussed and negotiated with the student the in-site learning component as indicated in this Learning Contract. I am able to support and facilitate the learning objectives and strategies/resources/tasks of this learning contract.

\_\_\_\_\_  
 Site Supervisor

\_\_\_\_\_  
 Date

I have discussed and negotiated with the appropriate individuals the details of the learning contract. The components of each section meet or exceed the requirements for an academic internship as defined by Bethel University.

\_\_\_\_\_  
 Student

\_\_\_\_\_  
 Date

(see back)

APPROVED BY:

\_\_\_\_\_  
Faculty Supervisor (printed)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Faculty Supervisor (signature)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Academic Advisor (signature)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Department Chair (signature)

\_\_\_\_\_  
Date

\_\_\_\_\_  
(For international internships)

Associate Dean for Off-Campus Programs (signature)

\_\_\_\_\_  
Date

*Instructions*

1. Complete this form and secure signatures of approval from Faculty Supervisor, Site Supervisor, Academic Advisor, and Department Chairperson.
2. Attach a description of your internship duties.
- 3a. **If the internship is a scheduled course:** Register for the course, then complete this form and submit to the Registrar's Office.
- 3b. **If the internship is not a scheduled course:** Complete this form and submit to the Registrar's Office. Upon approval, you will be automatically registered for this course.
4. Distribution of the forms by the Registrar is as follows:
  - (a) Student file in Registrar's Office
  - (b) Student
  - (c) Faculty Supervisor
5. This completed form is due to the Registrar's Office no later than:  
October 1 for fall term internship  
March 1 for spring term internship  
June 15 for summer term internship
6. If this Internship increases your course load beyond 18 hours, overload tuition will be charged. See Finances section of the Catalog.

*Official Use Only*

Registrar Signature \_\_\_\_\_ Date \_\_\_\_\_  Approved  Disapproved

Term \_\_\_\_\_ Course Number \_\_\_\_\_ Section Number \_\_\_\_\_ Credits \_\_\_\_\_