**Elective Internship Learning Contract**

Student Information (to be completed by the intern):

Today’s Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Class standing: 🞏 Freshman 🞏 Sophomore 🞏 Junior 🞏 Senior

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ E-mail: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

SID: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Major: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Minor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Ant. Grad. Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cum. GPA: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Personal Learning Goals:*

Explain how this internship will add to your educational experience at USAO:

What professional and personal goals do you hope to achieve while at this internship?

Internship Information (to be completed by faculty supervisor)

Supervisor Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Course #: \_\_\_\_\_\_\_\_\_\_ Number of credits: \_\_\_\_\_\_\_\_\_\_

*Internship Site and sit supervisor Information:*

Organization Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Physical Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Supervisor Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Supervisor E-mail: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Internship projected start date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Internship Projected End Date: \_\_\_\_\_\_\_\_\_\_\_\_\_

Est. Total Number of Weeks: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Est. Total Hours/Week: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Compensation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

On a separate page, provide the following information:

1. Internship Description (as determined by site supervisor and internship adviser; include specific tasks or description of projects that the intern will work on/assist with)
2. Explain how the intern will use the estimated hours/week. How much will be on-site? How much will be spent in preparation?
3. Learning Outcomes (to be completed by internship advisor with input from site supervisor)
4. Methods of evaluation (e.g. progress reports, journal, papers, group meetings, etc. and contribution to grade)

Additional Comments regarding internship:

Signatures:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_

Student Intern Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_

Faculty Supervisor Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_

Internship-site Supervisor Date

**Elective Internship Student Release Form**

FROM THE USAO COURSE CATALOG:

Whether enrolled in an on-campus class or in a USAO internship, independent study program, practicum course, or activity involving domestic or foreign travel, students are responsible for their own medical treatment and are liable for their own actions. In the event of an injury or illness while participating in a USAO-sponsored activity, USAO cannot approve a claim for treatment or reimbursement. Information on insurance is available in the Office of the Vice President for Business and Finance. Also, a number of reasonably priced insurance policies are available from the private business sector. We strongly encourage students to obtain the appropriate coverage. Students who participate in intercollegiate athletics must have primary insurance in force before practice begins.

STUDENT RELEASE

I have sufficient health, accident, disability and hospitalization insurance to cover me during my internship; I further understand that I am responsible for the costs of such insurance and for any expenses not covered by this insurance, and I recognize that the University of Science and Arts of Oklahoma does not have an obligation to provide me with such insurance. I assume full responsibility for any undisclosed physical or emotional problems that might impair my ability to complete the experience, and I release the University of Science and Arts of Oklahoma from any liability for injury to myself or damage to or loss of my possessions.

It is further expressly agreed that the internship site and use of any and all of its facilities shall be undertaken by me at my own sole risk and that the University of Science and Arts of Oklahoma shall not be liable for any claims, demands, injuries, damages, actions, or causes of actions, whatsoever to me or property arising out of or connected with the internship and with the use of any services, or facilities associated with the internship, whether or not sponsored by the University of Science and Arts of Oklahoma.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_

Student Intern Signature Date