

Dedman College of Arts and Humanities

Internship Learning Contract

Complete the Learning Contract with your professor and supervisor before registering for the internship course. Send or bring the completed Learning Contract to Heather Sohara, and Dedman College Academic Services, 134 Clements.

Email hsohara@smu.edu and dcacademicservices@smu.edu.

A. Information to be completed by Student Intern

Student Intern _____ ID# _____

Permanent Address _____ City _____ State _____ Zip _____ Tel (____) _____

E-Mail _____ Major _____ SMU GPA _____ Major GPA* _____

Are you an international student? _____ Are you a student athlete? _____

Faculty Internship Sponsor _____ Title Position _____

SMU Course Number _____ Class Number _____

Number of Credits _____ (Minimum 120 hours per 1 credit) Term _____ Year _____

Start Date _____ End Date _____ Hours Per Week _____ Number of weeks _____ Total Hours _____

B. Academic Component Description—to be completed by Student Intern and Faculty Sponsor

Learning Objectives (Attach Additional Sheets As Needed)

What do you (the student) intend to learn through your internship? List specific learning objectives in the following areas:

1. Academic knowledge (issues, subject areas): _____

2. Career-related skill areas/experience: _____

3. Integration of personal, academic, and career issues: _____

Methods of Evaluation: How do you (the student) intend to meet your learning objectives?

☐ Term Paper ☐ Weekly Log/Journal ☐ Project ☐ Portfolio ☐ Presentation ☐ Other

**Major GPA can be found on your Degree Progress Report, available through your MySMU Student Service Center*

C. Internship Site Information—to be completed by Student Intern and Internship Site Supervisor

Organization Name _____

Address _____ City _____ State _____ Zip _____

Internship Site Supervisor Name _____ Phone _____

Supervisor E-mail _____ Title _____

Please describe the intern's job responsibilities, tasks, and learning opportunities (list activities, projects, meetings, training, etc.)

D. Agreements and Signatures

- Student Intern: I concur with and accept the academic and work assignments indicated above. I understand and will adhere to the internship registration procedure and the policies outlined on the Experiential Learning Waiver. I accept the obligation of confidentiality in my work and will familiarize myself with and adhere to the organization's relevant policies/procedures and appropriate standards and ethical conduct.

Student Intern Signature Date

- Internship Site Supervisor: I have discussed the internship with the Student Intern and we have agreed upon the assigned work components appearing above. I agree to provide training and consultation to the Student Intern in order to achieve the above learning objectives, provide information concerning our organizational policies and procedures, meet with the Student Intern regularly, and provide a written evaluation of the Student Intern at the end of the term. (I understand that an "employer evaluation" will be mailed to me).

Internship Site Supervisor Signature Date

- Faculty Internship Sponsor: I have discussed the academic component of this internship with the student intern. We have reached agreement on the learning objectives as indicated above. I further agree to meet regularly with the Student Intern to discuss the internship experience. I will conduct an assessment/evaluation and do an on-site visit if possible.

Faculty Internship Sponsor Signature Date

Department Chair Signature Date Major Advisor Signature Date

E. Approval

This Internship Learning Agreement must be returned to Heather Sohara, Dedman College Academic Services, 134 Clements or by email at hsohara@smu.edu and dcacademicservices@smu.edu.

Internship Coordinator Signature Date