Dedman College of Humanities & Sciences
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 Lisa Miller, Dedman Student Records and Academic Services, 134 Clements. Email lamiller@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 ___________ (40 hours of internship = 1 unit of credit; 80 hours of internship = 2 units of credit; 120 hours of internship = 3 units of 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

E. Approval

This Internship Learning Agreement must be returned to Lisa Miller, Dedman Records and Academic Services, 134 Clements or by email at lamiller@smu.edu or dedmaninternship@smu.edu.

Internship Coordinator Signature, Date