**ELIZABETHTOWN COLLEGE**

One Alpha Drive │ Elizabethtown, PA 17022-2298

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# INTERNSHIP IN BUSINESS

# STUDENT LEARNING CONTRACT

**Type all responses.**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **A.** | **IDENTIFICATION** | | | | | | | | **Student ID #:** | | | | | | \_\_\_\_\_\_\_\_\_\_\_\_ |
|  | **1.** | **Student Name:** | | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | **Class Code (Jr/Sr):** | | | | | | \_\_\_\_\_\_\_\_\_\_\_\_ |
|  |  | **Major:** | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | **Concentration:** | | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | |
|  |  | **Address while on assignment:** | | | | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | |
|  |  | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | **Phone #:** | | | | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | |
|  |  | **Email:** | | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | **Overall GPA:** | | | | | | \_\_\_\_\_\_\_\_\_\_ |
|  | **2.** | **Faculty Internship Supervisor: Dr. Hossein Varamini** | | | | | | | **Department:** | | | | | | **Business** |
| ***\*\**** | **3.** | **Employer Name:** | | | **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | | | **Supervisor:** | | | | | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
|  |  | **Address:** | | | **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | | | **Phone #:** | | | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | |
|  | **4.** | **Specific job title with employer** | | | | | **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | | | | | | | |
|  |  | **(ATTACH A JOB DESCRIPTION.):** | | | | | | | | | | | | | |
|  | **5.** | **Dates of assignment: From:** | | | | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | **To:** | | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | |
|  | **6.** | **Paid or unpaid:** | | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | |  | | | | | |  |
|  | **7.** | **Course Number:** | | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | **Course credit(s):** | | | | | | \_\_\_\_\_\_\_\_\_\_\_\_ |
|  | **8.** | **Total expected number of hours of work at the internship:** | | | | | | | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | **hours** |

***\*\*****The employer should complete & attach the Employer Information Form to the Learning Contract.*

**B. LEARNING OBJECTIVES:** *What do you intend to learn through this experience?*

1. **Career/Occupational**:
2. **Technical Skills/Knowledge**:
3. **Personal Development Objectives**:
4. **Organizational Activity Objectives:**

**C. LEARNING ACTIVITIES:** *What strategies will you use, on and off the job, to reach your objectives?*

1. **Career/Occupational:**
2. **Technical Skills/Knowledge:**
3. **Personal Development:**
4. **Organizational Activity:**
   1. **EVALUATION:** *Include your own method and that of your supervisors and faculty sponsor*.

The signature of the student to this document shall serve to bind the student to the terms of this contract and make the student responsible for the completion and satisfaction of said responsibilities in order to earn a grade and academic credit for the assignment.

|  |
| --- |
|  |
| Signature of Student Date |
|  |
|  |
| Signature of Employer Date |
|  |
|  |
| Signature of Faculty Supervisor Date |

Copies: Student, Faculty Supervisor, Employer, Registrar