



# Internship Contract

## COML 520 ~ Graduate Internship

*Note: Copy all pages of this form after completion, making two (2) copies of the original. Submit one copy to Dr. Heather Crandall, one copy to your internship employer, and retain one copy for your files.*

### I. INTERN'S INFORMATION *(to be completed by the student)*

Name: \_\_\_\_\_ Student ID#: \_\_\_\_\_

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

\_\_\_\_\_

Permanent Address: \_\_\_\_\_

\_\_\_\_\_

Student's Phone #: (\_\_\_\_) \_\_\_\_\_ Cell Phone #: (\_\_\_\_) \_\_\_\_\_

Student's E-mail address: \_\_\_\_\_

Faculty Advisor/Sponsor: \_\_\_\_\_ Advisor's Phone Ext. #: (\_\_\_\_) \_\_\_\_\_

Credits to be awarded for internship: \_\_\_\_\_ Semester/Year: \_\_\_\_\_

Cumulative Gonzaga GPA: \_\_\_\_\_

Courses taken / Skills acquired relative to internship: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### II. INTERNSHIP ORGANIZATION *(to be completed by the Internship Supervisor)*

Internship Organization: \_\_\_\_\_

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

Telephone: (\_\_\_\_) \_\_\_\_\_ FAX: \_\_\_\_\_

E-mail address: \_\_\_\_\_

Name/Title of Supervisor: \_\_\_\_\_

If paid, wage \_\_\_\_\_ Hour/month/semester Total hours required: \_\_\_\_\_

Job Description: Describe the intern's role/responsibilities here in detail; list duties, projects to be completed, deadlines, etc.

Supervision: Describe in detail the supervision to be provided. List the type of instruction, the assistance, consultation, etc., that the intern will receive and the person(s) who will be primarily responsible for supervision.

Evaluation: How will the intern's work performance be evaluated? By whom? When?

### **III. LEARNING BY OBJECTIVES** *(to be completed by the student/intern)*

Learning Objectives: What do you intend to learn through this experience? Be specific (i.e., use concrete and measurable terms!)

On-The-Job: Describe in detail how your internship activities will enable you to meet your learning objectives. Include projects, research, report writing, consultations, and other on-the-job activities which will help you meet your learning objectives.

Off-The-Job: List reading, writing, contact with faculty sponsor, peer group, discussion, field trips, observations, etc. you will make and accomplish which will help you meet your learning objectives.

Self-Evaluation: How will you evaluate your success as an intern? How do you wish to evaluate your progress toward meeting your learning objectives?

#### IV. WORK SCHEDULE

Internship Start Date: \_\_\_\_\_ Ending Date: \_\_\_\_\_

Working hours: Monday \_\_\_\_\_  
Tuesday \_\_\_\_\_  
Wednesday \_\_\_\_\_  
Thursday \_\_\_\_\_  
Friday \_\_\_\_\_  
Saturday \_\_\_\_\_  
Sunday \_\_\_\_\_

Total Hours Per Week \_\_\_\_\_

#### V. CONTRACT SIGNATURES

This contract may be terminated or amended by the student/intern, faculty sponsor or internship supervisor at any time upon written notification.

Student/Intern: \_\_\_\_\_

Date: \_\_\_\_\_

Faculty Sponsor: \_\_\_\_\_

Date: \_\_\_\_\_

Internship Supervisor: \_\_\_\_\_

Date: \_\_\_\_\_

**COPIES OF THIS CONTRACT WILL BE DISTRIBUTED TO ALL PARTIES.**