

Career & Civic Engagement Internship Agreement

Winthrop University, Division of Student Life

_____ Credit(s) _____ Non-credit
Today's Date _____ **Number of Credits** _____ **Internship Semester** _____ **Year** _____

Class Enrolled In _____ **Semester/Year Enrolled** _____ **Student ID#** _____

How did you locate your internship? Faculty Assisted CCE Assisted Self-Developed EAGLElink
Check all that apply
 Other _____

@winthrop.edu

Intern Name (Print Clearly) _____ **E-Mail (Winthrop email will be primary method of communication)** _____

Permanent/Campus Address (if applicable) _____ **City** _____ **State** _____ **ZIP** _____

Cell Phone Number _____ **Residence Hall/Home Phone Number** _____ **Class/Graduation Year** _____

Major _____ **Concentration** _____ **Faculty Liaison** _____

Internship Site Information

Organization Name _____ **For Profit** **Not for Profit**

Direct Internship Supervisor _____ **Title** _____

Company Mailing Address _____

Phone _____ **Fax** _____ **E-Mail** _____

Actual Start Date _____ **Actual End Date** _____

Total Number of Weeks _____ **Total Hours/Week:** _____ **Paid:** Yes No **If yes, \$** _____ / _____

Additional Notes:

LEARNING AGREEMENT: Internship Job Description (To be completed by Internship Supervisor)

Attach a separate sheet for an actual job description if available. The job description is to be determined by the Internship Supervisor, and approved by the faculty liaison and the Career & Civic Engagement (CCE) office. The **Internship Supervisor** should use the space below to describe the tasks, projects and learning outcomes for the intern in as much detail as possible. This will serve as the written agreement between all parties involved. **Contract Agreement is not valid until approved by all parties.**

Intern Tasks/Role:

Specific Projects Intern will work on/assist with:

Learning Outcomes for Intern:

Additional Comments regarding Internship:

I have read the contract and agree to fulfill the duties and responsibilities outlined for the internship and the academic requirements for completing the internship course for credit.

Intern's Signature

Date

I approve of and agree to the Learning Agreement. I agree to abide by all the Equal Opportunity/Affirmative Action laws in the hiring of Winthrop University students and alumni. I agree that the company will instruct/orient the student on company policies/procedures, and provide a safe working environment.

Supervisor's Signature

Date

Faculty Liaison Signature

Date

Career & Civic Engagement • Phone 803.323.2141 • Fax 803.323.3831 • www.winthrop.edu/cce
*Questions regarding the internship program can be directed to cce@winthrop.edu

PERSONAL LEARNING GOALS (To be completed by the intern)

Answer the following questions to complete your internship application for your particular site. These answers in addition to your Learning Agreement must be reviewed and approved by your **faculty liaison**. Once the Learning Agreement and Personal Learning Goals are completed and approved, bring them to the Career & Civic Engagement office to finalize your internship.

1. Explain how this internship will add to your educational experience at Winthrop University.

2. What professional and personal goals do you hope to achieve while at this internship? (Be specific)

FACULTY LIAISON (Please sign below):

Listed below are specific assignments that will be required of all students completing a CCE internship in order to satisfactorily complete the experience and receive academic credit. Please indicate any other assignments that will be required during this work experience:

- | | | |
|-----------|--|-----------------------------------|
| Required: | 1. Internship Learning Agreement | 4. Final Report (3-page, typed) |
| | 2. Mid-Point Evaluation of Employer | 5. Final Evaluation of Internship |
| | 3. Participation in Site Visit (if needed) | 6. Documentation of Hours |

Other: _____

I approve of the Learning Contract & Personal Learning Goals.

Faculty Liaison

Date

CCE Consultant

Date

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