



The Learning Contract is an agreement between the student, the host organization, and the SBE Internship Office. The Learning Contract must be on file in the SBE Internship Office before a student can register for the internship course.

Student Name: _____ Student ID#: _____

Address while interning: _____
street
_____ city state zip code

E-mail address: _____ Phone #: _____

Course (circle one): MKTG 444 MGMT 444 TRAN 444 INTB 444 FINC 420

Internship Term (circle one): Fall Spring Summer Year? _____

Host Organization: _____ Phone #: _____

Address: _____
street city state zip code

Supervisor: _____ E-mail address: _____

Supv. Title: _____ Fax #: _____

Internship Start Date: ___/___/___ Finish Date: ___/___/___

Expected Work Schedule (list the times you will work at your internship (minimum = 10hrs/week)

Monday: _____ Tuesday: _____ Wednesday: _____ Thursday: _____ Friday: _____

Job Description: *Please attach a description of your role and responsibilities as an intern, including duties, projects, learning opportunities, training, etc. If you have a written job description from the Host Organization, please attach it to the Learning Contract also,*

Work Supervisor: I have discussed this internship with the student and have negotiated and assigned the work components. I agree to provide assistance and necessary training to help the intern make progress toward the stated goals. I further agree to provide the intern with an orientation concerning relevant organizational policies, procedures, and functions. I agree to conduct both a mid-term and final evaluation of the student's performance.

Work Supervisor Signature: _____ Date: _____

Student Intern: I accept the academic and work assignments indicated in this Learning Contract. I accept the obligation of my confidentiality in my work and agree to familiarize myself with and to adhere to the organization's policies and procedures, and to maintain standards of ethical conduct. I understand there are ordinary risks inherent in the work place and I will become aware of and consent to take such risks. I also understand that the College of Charleston School of Business & Economics has not control over any hazards to which I may be exposed during the internship and I do not hold the College liable for any accidents or incidents that may occur.

Student Signature: _____ Date: _____

Department Approval: _____ Date: _____

Submit 3 Learning Goals for your internship to include the following information. You may attach a separate page if preferred. (If handwriting, please print legibly.)

Learning Goal #1

This goal relates to the ideas, course concepts, or theories of your academic field that you plan to learn/explore while participating in the internship.

I will _____

Learning Activities (What tasks/activities/projects will you perform in the internship which will lead you to achieve your objective?)

Evaluation (How will you demonstrate/know that you have achieved your objective?)

Learning Goal #2

This goal relates to skills that you hope to develop while participating in the internship. Examples include oral/written communication, critical thinking, decision making, leadership, technical, etc.

I will _____

Learning Activities (What tasks/activities/projects will you perform in the internship which will lead you to achieve your objective?)

Evaluation (How will you demonstrate/know that you have achieved your objective?)

Learning Goal #3

This goal relates to your personal development. Examples include career awareness, self-confidence, self-management, professional skills development, etc.

I will _____

Learning Activities (What tasks/activities/projects will you perform in the internship which will lead you to achieve your objective?)

Evaluation (How will you demonstrate/know that you have achieved your objective?)
