

# Internship Program LEARNING CONTRACT

Experiential Education and Career Services, James W. Stuckert Career Center, University of Kentucky  
408 Rose Street, Lexington, KY 40506-0494, Phone (859) 257-2746, Fax (859) 323-1085

Learning Contract must be typed.

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## ***Student Information***

Student Name:  
E-mail:  
Phone:  
Address:  
City/ST/Zip  
Major:  
College:  
Class Level:  
Student Number *(not SSN)*:

## ***Course Information***

Semester/Year:  
Course:  
Credit Hours:  
Grade Option:

## ***Internship Partner Information***

Organization/Company Name:  
Supervisor's Name:  
E-mail:  
Phone:  
Address:  
City/ST/Zip:

## ***Hours***

Starting Date:  
Ending Date:  
Total Number of Weeks:  
Average Hours Per Week:

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Describe the duties of your internship:

List your learning objectives for this experience:  
(What do you expect to learn from this experience? Objectives should be measurable and achievable.)

Specify the assignments agreed upon with your faculty sponsor:  
(Assignments are usually reflective in nature.)

Specify dates and times you have agreed to meet with your faculty sponsor for critical reflection:  
(Dates/times may be specific or in general terms, but "To Be Determined" is not acceptable.)

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Faculty Sponsor:  
Dept:  
Campus Address:  
Campus Speed Sort:  
Phone:  
E-mail:

Department Chair:  
Dept:  
Campus Address:  
Campus Speed Sort:

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Faculty Signature \_\_\_\_\_ Date \_\_\_\_\_

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Dept. Chair Signature \_\_\_\_\_ Date \_\_\_\_\_

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Student Signature \_\_\_\_\_ Date \_\_\_\_\_

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Experiential Education/Career Services \_\_\_\_\_ Date \_\_\_\_\_

Additional signature required only if you are a student in the College of Agriculture:

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Associate Dean \_\_\_\_\_ Date \_\_\_\_\_