5Dedman College of Humanities &Sciences Internship Learning Contract

Complete the Learning Contract with your professor and supervisor before registering for the internship course. Send or bring the completed Learning Contract to Lisa Miller, Dedman Student Records and Academic Services, 134 Clements. Email lamiller@smu.edu.

A. Information	to be completed by	Student Intern				
Student Intern _					ID#	
Permanent Address		City	State	Zip	Tel ()	
E-Mail		Major		SMU GPA	Major GPA*	
Are you an international student?		Are you a student athlete?				
Faculty Internship Sponsor		Title Position				
SMU Course Number		Class Number				
Number of Credit of internship = 3		hours of internship =	1 unit of cred	lit; 90 hours of interr	nship = 2 units of credit;	135 hours
Term	Year					
Start Date	End Date	Hours Per Wee	ek N	umber of weeks	Total Hours	
1. Academic kno	owledge (issues, subj					icus.
2. Career-related areas/experience						
•	personal, academic,	and career				
Methods of Eval ☐ Term Paper ☐	uation: How do you Weekly Log/Journa	(the student) intend to l □ Project □ Portfolio	o meet your lo	earning objectives?		

^{*}Major GPA can be found on your Degree Progress Report, available through your MySMU Student Service Center

C. Internship Site Information—to be completed by Student Intern and Internship Site Supervisor				
Organization Name				
AddressCity	State Zip			
Internship Site Supervisor Name	Phone			
Supervisor E-mail	Title			
Please describe the intern's job responsibilities, tasks etc.)	s, and learning opportunities (list activities, projects, meetings, training,			
adhere to the internship registration procedu	academic and work assignments indicated above. I understand and will are and the policies outlined on the Experiential Learning Waiver. I accept and will familiarize myself with and adhere to the organization's relevant ds and ethical conduct.			
Student Intern Signature	Date			
assigned work components appearing above to achieve the above learning objectives, pro	the internship with the Student Intern and we have agreed upon the a. I agree to provide training and consultation to the Student Intern in order ovide information concerning our organizational policies and procedures, provide a written evaluation of the Student Intern at the end of the term. (I rill be mailed to me).			
Internship Site Supervisor Signature	Date			
• Faculty Internship Sponsor: I have discussed the academic component of this internship with the student intern. We have reached agreement on the learning objectives as indicated above. I further agree to meet regularly with the Student Intern to discuss the internship experience. I will conduct an assessment/evaluation and do an on-site visit if possible.				
Faculty Internship Sponsor Signature	Date			
Department Chair Signature Date	Major Advisor Signature Date			
E. Approval This Internship Learning Agreement must be returned or by email at lamiller@smu.edu or dedmaninternship	d to Lisa Miller, Dedman Records and Academic Services, 134 Clements p@smu.edu.			
Internship Coordinator Signature	Date			