

## ***Business Internship Student Learning Contract***

### ***Learning Objectives:***

*(List 2-5 specific competencies/skills to be developed during internship.)*

### ***Strategies:***

*(List projects/tasks to be completed during internship that will allow you to meet learning objectives listed above.)*

### ***Evaluation Method(s):***

*(See Business Internship Student Evaluation Methods handout and meet with Dr. Pittenger before completing this section).*

***THIS AGREEMENT MUST BE COMPLETED AND APPROVED BY ALL SIGNATORIES BEFORE REGISTRATION CAN BE COMPLETED.***

***AS PARTIES TO THIS LEARNING CONTRACT, WE AGREE TO THE OBJECTIVES AS STATED ON THIS FORM.***

***Student:*** \_\_\_\_\_

*I agree to complete learning objectives stated above and agree that I have read and will abide by policies and procedures outlined in the Business Internship Student Guidelines.*

***Faculty Internship Advisor:*** \_\_\_\_\_

*I agree to evaluate all learning objectives stated above, have met with the student regarding the learning objectives, and will maintain contact with the student during this internship experience.*

***Site Supervisor:*** \_\_\_\_\_

*I agree to supervise this student in work experiences related to the student's field of study that provides an opportunity for the student to complete all learning objectives stated above. In addition, I agree that I have read and will abide by the policies and procedures outlined in the Business Internship Employer Guidelines.*

**Required Meeting Time:** \_\_\_\_\_



*Ashland University*  
*Dauch College of Business and Economics*

***Business Internship Student Learning Contract***

**Contact Information:**

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

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

Cell Phone: \_\_\_\_\_ Student E-mail Address \_\_\_\_\_

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

Permanent Phone: \_\_\_\_\_ Parent's Name (if applicable) \_\_\_\_\_

During Internship:

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

Internship Phone: \_\_\_\_\_ Internship E-mail \_\_\_\_\_

**Academic Information:**

Faculty Academic Advisor: \_\_\_\_\_ Phone & E-mail \_\_\_\_\_

Faculty Internship Advisor: \_\_\_\_\_ Phone & E-mail \_\_\_\_\_

Major/Minor: \_\_\_\_\_ Class Level: (circle one) Soph. Jr. Sr.

Department and Course No: \_\_\_\_\_ Elective in: \_\_\_\_\_

Previously earned internship credit hours: Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, when (semester/year): \_\_\_\_\_ Total internship credit hours earned: \_\_\_\_\_

**Internship Information:**

Internship Site: \_\_\_\_\_

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

Site Supervisor (Name/Title): \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ E-mail: \_\_\_\_\_

Start Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ End Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Hours/Week: \_\_\_\_\_

Paid \_\_\_\_\_ Unpaid \_\_\_\_\_ If paid, salary/wage: \_\_\_\_\_

**Registration Semester:** \_\_\_\_\_ **Portfolio Deadline** \_\_\_\_\_