



## Internship Learning Contract

### Part I: Contact Information

**Student Name:**

**UR-ID Number:**

**Campus Address:**

**City:**  **State:**  **Zip Code:**

**Telephone:**  **Email Address:**

**Home Address:**

**City:**  **State:**  **Zip Code:**

**Telephone:**  **Email Address:**

**Internship Organization:**

**Address:**

**City:**  **State:**  **Zip Code:**

**Telephone:**

**Name of Supervisor:**

**Supervisor's Position:**

**My Position:**

**Start and End Dates:**

**Faculty Sponsor:**

**Jepson School of Leadership Studies  
Jepson Hall, University of Richmond, VA 23173**

**Telephone:**

## **Part II: The Internship**

**Job Description:** Describe in as much detail as possible your role and responsibilities during your internship. List duties, projects to be completed, deadlines, etc., if relevant.

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**Supervision:** Describe in as much detail as possible the supervision to be provided. What kind of instruction, assistance, consultation, etc., will you receive from whom?

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**Evaluation:** How will your work performance be evaluated? By whom? When?

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### **Part III: Learning Objectives/Learning Activities/Evaluation**

**Learning Objectives:** What do you intend to learn through this experience? Be specific. Try to use concrete, measurable terms.

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#### **Learning Activities:**

**On-the-job:** Describe how your internship activities will enable you to meet your learning objectives. Include projects, research, report writing, conversations, etc., which you will do while working, relating them to what you intend to learn.

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**Off-the-job:** List the activities in which you will engage—reading, writing, contact with faculty advisor, interactions with peer group, discussions, field trips, observations, etc.—which will help you meet your learning objectives.

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**Evaluation:** How will you know what you have learned or that you have achieved your learning objectives? How do you wish to evaluate your progress toward meeting these objectives?

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## Part IV: Agreement

Please print this learning contract at this point and then have the appropriate people sign in the spaces provided below. This form may then be faxed or mailed to the attention of Teresa Williams (see below). Faxed signatures are acceptable.

This contract may be terminated or amended by student, faculty sponsor, or site supervisor at any time upon written notice, which is received and agreed to by the other two parties.

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

Faculty Sponsor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Internship Supervisor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please mail or fax the completed form to the attention of:

**Teresa J. Williams, Ph.D., Associate Dean for Student and Community Affairs**  
**Jepson School of Leadership Studies**  
**University of Richmond, VA 23173**  
**Phone: (804) 287-6082**  
**Fax: (804) 287-6062**  
**[twillia8@richmond.edu](mailto:twillia8@richmond.edu)**

