



INTERNSHIP

STUDENT / FACULTY LEARNING CONTRACT

Faculty/Advisor Form

Student (Intern) Name: _____ Semester/Year _____

University Address _____ Phone _____
Year in School _____ Major _____ Minor _____
Semester/Year _____ Course Number _____ - _____ No. Credits _____
Company/Agency _____ Address _____
Site Supervisor _____ Title _____ Phone _____
Student Intern's Title _____

TIME GUIDELINES:

Dates of Employment _____ to _____ Hours per week _____
Academic Project(s) due on _____ / _____ / _____ on the subject of _____
Approximate dates: On-site visit _____
Final Conference date _____

THIS FORM IS TO BE DEVELOPED JOINTLY BY THE STUDENT AND FACULTY ADVISOR.

Purpose: (What are the learning objectives for this experience both on the job and academically?)

Evaluation Procedures: (How will the attainment of the above objectives be assessed for the final grade?)

Student: (Primary reason for selecting this intern/co-op position)

Signatures: _____
Student Intern

Faculty Advisor

INTERNSHIPS



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