

Westmont College
Internship Learning Agreement Form

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www.westmont.edu

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PLEASE PRINT LEGIBLY AND PRESS HARD ENOUGH FOR ALL COPIES.

INTERN

<i>Student</i> (Last, First)					<i>Email</i>				
<i>ID#</i>		<i>MS#</i>		<i>Cell Phone</i>		<i>Campus Extn</i>			
<i>Major/s</i>							<i>Class Level</i>		
<i>Instructor</i>							<i>Campus Extn</i>		
<i>Academic Year</i>		<i>Semester</i>	<input type="checkbox"/> Fall <input type="checkbox"/> May	<input type="checkbox"/> Spring <input type="checkbox"/> Summer	<i>Planned Units</i>		<i>Prior I/P Units</i>		
<i>Course</i>	<input type="checkbox"/> APP-190 Elective Internship	<input type="checkbox"/> APP-190SS Service Internship	<input type="checkbox"/> _____-190 Major Internship	<input type="checkbox"/> _____-190SS Major Service Internship	<input type="checkbox"/> AP-191SS Serving Society (zero unit)	<input type="checkbox"/> IS-190U Urban Internship	<input type="checkbox"/> _____-190U Urban Major Internship		

PLACEMENT

<i>Organization</i>						<i>Expected Hours</i>	Units	zero	1	2	3	4	5
<i>Street</i>							Hours/week	3	6	9	12	15	
<i>City/ST/Zip</i>							Total hours	12	40	80	120	160	200
<i>Supervisor</i>						<i>Main Phone</i>				<i>Start Date</i>			
<i>Email</i>						<i>Direct or Extn</i>				<i>Avg Hrs per Week</i>			
<i>Website</i>						<i>Fax</i>				<i>Number of Weeks</i>			
	<i>Website</i>	<i>Compensation</i>	<input type="checkbox"/> Hourly <input type="checkbox"/> Stipend	<input type="checkbox"/> Unpaid	<i>If Pd, Rate or Total</i>				<i>Total Hours</i>				

Agreements & Signatures

STUDENT

I will endeavor to represent myself and my college well, and will abide by the relevant policies, procedures and ethical standards of the Organization.

<i>Signed</i>		<i>Date</i>	
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INSTRUCTOR

The student and I will communicate regularly to insure reasonable internship learning objectives are established, executed, and evaluated.

Method/s of Evaluation: Term paper / Portfolio / Project
 Learning Plan / Contract Site visit Journal Other:

<i>Signed</i>		<i>Date</i>	
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DEPARTMENT CHAIR (REQUIRED ONLY FOR URBAN PROGRAM)

I have reviewed the internship plan and agree that it meets the criteria established by the department for earning major credit/s.

<i>Signed</i>		<i>Date</i>	
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DISTRIBUTION

Blue: Registrar *Canary:* Internships *Pink:* Instructor *Photocopy:* Supervisor

SITE SUPERVISOR

On behalf of my Organization I agree:

- To enrich the Student's knowledge by orienting him/her to the occupation, the work setting, and the responsibilities relating to the Placement.
 - To supply the Student with, and personally model, our policy against harassment and discrimination in the workplace.
 - As the entity with influence over and responsibility for workplace safety, to extend Worker's Compensation to the Student in the event of an injury, just as would be extended to an ordinary employee.
 - To assume the normal legal liabilities associated with our business insofar as they may be affected by the internship.
 - To contact the Instructor should problems arise.
 - At or near the completion of the Assignment, to complete an evaluation of the Student's performance.
- And for Placements for more than zero Planned Units: (as marked above)**
- To review and approve the Student's learning plan.
 - To regularly evaluate and offer feedback on the Student's progress, projects, and areas of growth, and to review progress on the learning plan.
 - To delegate no more of the Student's time for routine clerical tasks (filing, copying, answering the phone, and keyboarding) than is necessary for fulfilling the learning plan.

<i>Signed</i>		<i>Date</i>	
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To the Site Supervisor:

Westmont recognizes that your willingness to offer this opportunity to the Student represents an investment of time, energy and attention. Over and over again we have seen outcomes that are beneficial for the internship sites as well as for the Student, and we appreciate that you make this possible.