

Westmont College

Internship Learning Agreement Form

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PLEASE PRINT LEGIBLY AND PRESS HARD ENOUGH FOR ALL COPIES.

INTERN

Student (Last, First)					Email				
ID#		MS#		Cell Phone		Campus Extn			
Major/s							Class Level		
Instructor							Campus Extn		
Academic Year		Semester	<input type="checkbox"/> Fall <input type="checkbox"/> May	<input type="checkbox"/> Spring <input type="checkbox"/> Summer	Planned Units		Prior I/P Units		
Course	<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

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

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.

Signed _____ Date _____

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:

Signed _____ Date _____

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.

Signed _____ Date _____

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 work-place 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.

Signed _____ Date _____

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.