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**Experiential Learning/Internship Agreement**

This form must be completed and submitted to the Faculty Mentor and Career Development Office prior to registering and beginning an experiential learning or internship experience. The student will work with his or her faculty mentor and work supervisor to set goals for the work experience. The faculty mentor will determine the criteria for grading, in addition to a written evaluation from the employer.

**Student Information:**

Name: ID:

 Please print

Email: Graduation Date:

Major: Advisor:

 Please print

Are you an International Student: ⎕ Yes ⎕ No

Faculty Mentor (person submitting grade):

 Please print

**Student Contact:**

Will you be living on campus during the experience? ⎕ Yes ⎕ No

Address during Experience (where will you be living during the internship, leave blank if on campus)

Street Address:

City

State ZIP

Cellphone:

**Internship/Experience Information:**

It is the responsibility of the faculty advisor and mentor to determine the number of credits and the feasibility of the proposed Experiential Learning assignment. 40 hours = 1 credit.

**Location:** ⎕ Domestic (In the United States) ⎕ International

**Type:** **Term:**

⎕ Experiential Learning ⎕ Internship ⎕ Fall ⎕ Spring ⎕ Summer

**Number of credits**: **Grading:** ⎕ Pass/Fail ⎕ Letter Grade

**Start Date: End Date:**

**Organization Information**

**Name:**

**Address of Organization (Where you will be during your experience)**

Street Address:

City

State ZIP

Country (if international) :

**On-Site Supervisor:** (who will be your boss?)

Name: Title

 Please print

Email: Phone:

**Tentative Schedule**

**Days of the Week:** (Check all the days you will be working)

 Mon Tues Wed Thurs Fri Sat Sun

 ⎕ ⎕ ⎕ ⎕ ⎕ ⎕ ⎕

**Daily Hours** (Ex. 9-5)**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Other:** (Please explain any other schedule)

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Internship Compensation:** ⎕ **Paid** ⎕ **Unpaid** ⎕ **Other**(Please explain any other form of compensation)

**Other:**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Organization Forms**:

Are there any forms, contracts, tests, certifications etc. that you are required by the organization you are with:

⎕Yes ⎕ No

Forms:

**Learning Objectives & Criteria:**

Based on your Experiential/Internship responsibilities, pick the top 3 skills/goals you hope to attain during the Experiential /internship.

⎕CAREER SELF-KNOWLEDGE: I want to learn more about my strengths, skills, knowledge, and career goals. I want to apply my personal skills to a career setting.

⎕PROFESSIONALISM & WORK ETHIC: I want to practice being professional through my actions in the workplace. I want to learn to maintain integrity, resilience, accountability, and ethical behavior in the workplace.

⎕TECHNOLOGIES: I want to practice adapting to new technologies. I want to use current and emerging technology to solve problems, complete tasks, and accomplish goals.

⎕APPLIED LEARNING & CRITICAL THINKING: I want to practice applying the knowledge I have learned in the classroom to dealing with situations in the workplace. I want to develop my skills in analyzing issues, decision-making, and creating innovative solutions.

⎕COMMUNICATION SKILLS: I want to practice my verbal and written communication skills and develop my ability to articulate my thought process by communicating with others. I will learn to be a better active listener.

⎕INTERPERSONAL SKILLS & TEAMWORK: I want to learn to become a better team member and work effectively with others in a collaborative manner. I want to learn skills to manage conﬂict while working toward a common goal.

⎕COMMUNITY PERSPECTIVES & CITIZENSHIP: I want to think about how the organization I intern for helps meet the needs of the community. I will develop my skills to appreciate the perspectives of others.

⎕OTHER: explain below

**Experience/Internship Activities:**

**On-site Supervisor Assignments**

What will you be doing at your Experience/Internship?

|  |  |
| --- | --- |
| 1. | 2. |
| 3. | 4. |

How often will you see or talk to your on-site supervisor about your tasks and internship/Experimental experience?

⎕Daily ⎕ Weekly ⎕Other (please explain below):

**Faculty Mentor Assignments**

What will you be graded for?

Assignment: Due Date: Delivery Method

Assignment: Due Date: Delivery Method

Assignment: Due Date: Delivery Method

Assignment: Due Date: Delivery Method

Other: Due Date: Delivery Method

How often does your Faculty Mentor want updates?

⎕Daily ⎕ Weekly ⎕ Other:

How did you find this Internship/Experiential Learning Experience?

How does this experience relate to your major or minor?

Signatures

Student Signature: Date:

[Click here to review the Experiential Learning and Internship Terms & Conditions](file:///%5C%5Cminerva%5Cprofiles%5C670234%5CMy%20Documents%5CKCCareerGuides%5CInternshipForms%5CFinal%20Forms%20Internship%5CSTUDENT%20INTERNSHIP%20TERMS%20AND%20CONDITIONS_6.22.docx)

⎕ I have read and agree to the responsibilities and requirements to receive credit.

On- Site Supervisor Date:

[Click here to review the Experiential Learning and Internship Host Site Terms & Conditions](file:///%5C%5Cminerva%5Cprofiles%5C670234%5CMy%20Documents%5CKCCareerGuides%5CInternshipForms%5CFinal%20Forms%20Internship%5CHost%20Site%20Internship-Agreement.pdf)

⎕ I have read and agree to the responsibilities and requirements to host a student.

Dept. Internship Coordinator Signature: Date:\_

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FOR OFFICE USE ONLY

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 Date Received Date Processed Initials

Career Development ■ One College Green ■ P.O. Box 50 ■ La Plume, PA 18440-0200 ■ (570) 945-8337 ■ *careers@keystone.edu*

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