

MUST BE LEGIBLE

**SEATTLE PACIFIC UNIVERSITY
INTERNSHIP LEARNING CONTRACT**

Valid for _____
Quarter Year

~~~~~**MUST BE COMPLETED AND REGISTERED BY THE 10TH DAY OF THE QUARTER**~~~~~

|                       |                  |                                          |
|-----------------------|------------------|------------------------------------------|
| LAST NAME _____       | FIRST NAME _____ | MIDDLE INITIAL _____                     |
| MAILING ADDRESS _____ | CITY _____       | STATE _____ ZIP _____ PHONE (____) _____ |
| STUDENT NUMBER _____  | E-MAIL _____     | GRAD DATE _____ MAJOR _____              |

|                                     |                                    |                                  |
|-------------------------------------|------------------------------------|----------------------------------|
| SUPERVISOR _____                    | NAME _____                         | TITLE _____                      |
| ORGANIZATION _____                  |                                    |                                  |
| MAILING ADDRESS _____               | CITY _____                         | STATE _____ ZIP _____            |
| PHONE (____) _____                  | EMAIL ADDRESS: _____               |                                  |
| HOURS PER WEEK PER INTERNSHIP _____ | DATES OF INTERNSHIP _____ to _____ | PAY FOR INTERNSHIP \$ _____/HOUR |

|                               |                    |                                                             |
|-------------------------------|--------------------|-------------------------------------------------------------|
| FACULTY SPONSOR _____         | DEPARTMENT _____   | PHONE _____                                                 |
| CRN # _____ (Office Use Only) | SUBJECT CODE _____ | COURSE NUMBER: _____ CREDITS EARNED _____ (see chart below) |

**CHART OF CREDITS PER HOURS WORKED** (over a 10 week quarter)

| <u>LOW END</u><br>HOURS PER WEEK | <u>HIGH END</u><br>HOURS PER WEEK | CREDITS EARNED |
|----------------------------------|-----------------------------------|----------------|
| 3                                | 5                                 | 1              |
| 6                                | 8                                 | 2              |
| 9                                | 12                                | 3              |
| 12                               | 16                                | 4              |
| 15                               | 20                                | 5              |
| 18                               | 24                                | 6              |

(More on opposite side of document)

|                      |
|----------------------|
| FOR OFFICE USE ONLY  |
| Registered by: _____ |
| Date: _____          |

**COURSEWORK – Meet with your internship sponsor to design the following items:**

**LEARNING OBJECTIVES: What do you want to get out of your internship (i.e., specific skills, knowledge and experiences)?**

**LEARNING ACTIVITIES: Reading, research, writing, seminar attendance and other activities, either on or outside the job, you will do to meet the objectives above.**

**EVALUATION: A description of your end project(s) (journal, paper, portfolio, proposal, etc.) that you will provide to your Faculty Sponsor to be graded.**

1. Intern Evaluation and Site Supervisor Evaluation due to CCC by last day of classes for the quarter.

**REMEMBER TO REGISTER FOR INTERNSHIP CREDIT BY SUBMITTING THIS FORM WITH YOUR REGISTRATION TO THE STUDENT ACADEMIC SERVICES (REGISTRATION WINDOW), SEATTLE PACIFIC UNIVERSITY, DEMARAY HALL 151, 3307 3RD AVENUE W., SEATTLE, WA 98119.**

**While this internship is part of my educational experience at Seattle Pacific University, I understand that SPU does not control the work environment at job or internship sites and is not responsible for employment positions at these sites.**

**STUDENT** \_\_\_\_\_ **DATE** \_\_\_\_\_  
Print Name Signature

**SUPERVISOR** \_\_\_\_\_ **DATE** \_\_\_\_\_  
Print Name Signature

**FACULTY SPONSOR** \_\_\_\_\_ **DATE** \_\_\_\_\_  
Print Name Signature

**CTR FOR CAREER AND CALLING** \_\_\_\_\_ **DATE** \_\_\_\_\_  
Print Name Signature

**All signatures are needed to indicate agreement by all parties to fulfill the terms of the internship described above.**

**A copy will be sent to each party:**    Employer/Supervisor    Faculty Sponsor    Student    CCC Office