

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 (\_\_\_\_) \_\_\_\_\_  
 PERMANENT ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_ PHONE (\_\_\_\_) \_\_\_\_\_  
 STUDENT NUMBER \_\_\_\_\_ E-MAIL \_\_\_\_\_ GRAD DATE \_\_\_\_\_ MAJOR \_\_\_\_\_

ORGANIZATION \_\_\_\_\_ MAILING ADDRESS \_\_\_\_\_  
 CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_ HOURS PER WEEK FOR INTERNSHIP \_\_\_\_\_ AT \$ \_\_\_\_\_ /HOUR  
 SUPERVISOR \_\_\_\_\_  
 NAME TITLE  
 PHONE (\_\_\_\_) \_\_\_\_\_ EMAIL ADDRESS: \_\_\_\_\_

FACULTY SPONSOR \_\_\_\_\_ DEPARTMENT \_\_\_\_\_ PHONE \_\_\_\_\_  
 CRN # \_\_\_\_\_ DEPARTMENT \_\_\_\_\_ COURSE # \_\_\_\_\_ # OF CREDITS \_\_\_\_\_ CAREER COUNSELOR \_\_\_\_\_

SITE INFORMATION

1. Your employer's business purpose: \_\_\_\_\_
2. Your position title: \_\_\_\_\_
3. Your job description: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

FOR OFFICE USE ONLY

Registered by: \_\_\_\_\_  
 Date: \_\_\_\_\_

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**COURSEWORK INFORMATION** 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.

**PLEASE REMEMBER TO REGISTER FOR INTERNSHIP CREDIT BY SUBMITTING THIS FORM WITH YOUR REGISTRATION TO THE STUDENT ACADEMIC SERVICES**

**SEATTLE PACIFIC UNIVERSITY, DEMARAY HALL 151, 3307 3RD AVENUE W., SEATTLE, WA 98119. FAX: 206.281.2669**

- By signing below I certify that I understand and agree to the Contractual Statement available online through the Banner Information System and the Financial Arrangements and Services found in the *Undergraduate and Graduate Catalogs (Catalogs)*; I agree to pay for the credits and for all charges associated with this course. I understand that if I have delinquent financial obligations or if any financial obligation is adjudged to be discharged, I will not be permitted to register or attend classes for subsequent quarters or order official transcripts until such obligations have been satisfied. If I default on my financial obligations, I agree to pay all costs and expenses incurred by the University in the collection of any sums due under this registration, including but not limited to reasonable attorney's fees, collection costs, and court costs. If I decide to cancel my registration, I will do so in writing to Student Academic Services. I understand that the date I officially withdraw will determine the amount of refund I will receive and is based on the Schedule of Refunds found in the *Catalogs*.
- 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.
- If this is an international internship, I understand that I will be charged \$45 for the mandatory travel emergency insurance, and that I must sign the Release of Liability form through the Finance Office.

STUDENT \_\_\_\_\_ DATE \_\_\_\_\_

Print Name

Signature

SUPERVISOR \_\_\_\_\_ DATE \_\_\_\_\_

Print Name

Signature

FACULTY SPONSOR \_\_\_\_\_ 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    CDC Office