



INTERNSHIP INFORMATION

English Writing and Rhetoric Program • St. Edward's University • Sorin Hall 201 • Campus Mailbox 883
3001 South Congress Avenue • Austin, Texas 78704 • 512.416.5843 512.448.8492(fax)

Year: _____ Current Semester: ☐ Fall ☐ Spring ☐ Summer

Internship start date: ____/____/____ End date: ____/____/____

STUDENT INFORMATION

I.D. Number _____ Last Name _____ First Name _____ Middle Name _____

Address: _____ City State Zip: _____

Phone: _____ Cell: _____

Email: _____

Major: _____ Minor: _____

Classification: ☐ Freshman ☐ Sophomore ☐ Junior ☐ Senior ☐ New College ☐ Graduate

INTERNSHIP COURSE INFORMATION

Internship Course: _____ Section: _____

Professor: _____ Phone: _____

INTERNSHIP SUPERVISOR INFORMATION

Internship Site: _____

Internship Supervisor/Title: _____

Internship Address: _____ City State Zip: _____

Phone: _____ Fax: _____

Email: _____

Compensation: ☐ Unpaid ☐ Paid \$ _____

IMPORTANT NOTES:

- This AGREEMENT IS TO BE COMPLETED WITHIN THE FIRST WEEK OF THE START OF THE INTERNSHIP AND BECOMES EFFECTIVE when the completed form has been signed by all parties.
- The ORIGINAL agreement is to be returned to the Office of Career Planning by the end of the first week where it is kept on file. Interns should make a copy of the agreement before submitting it to the Office of Career Planning.
- REVISIONS AND ADDITIONS to the original Learning Agreement Plan may be made by mutual consent of all parties, such revisions shall be documented and filed in the Office of Career Planning.



INTERNSHIP LEARNING AGREEMENT

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LEARNING AGREEMENT: INTERNSHIP WORK COMPONENT / JOB DESCRIPTION

Both the internship supervisor and the intern should complete this portion of the learning agreement

A. Job Description: This is a description that describes in as much detail as possible, the intern's role and responsibilities. List duties, meetings, activities, projects deadlines, etc. Please attach additional sheets if needed.

B. SUPERVISION & RESOURCES: Describe the supervision (and time frame) to be provided by to the intern by the site supervisor. For example, an on-site supervisor may chose to meet on a weekly basis with the SEU intern to discuss that week's progress and to address the challenges of the coming week. Please also indicate what resources will be available to assist the intern in accomplishing his/her duties? (e.g. human resources, equipment, such as desk, computer, telephone, etc.)

C. ASSESSMENT AND EVALUATION: In addition to informal and periodic assessment and evaluation provided by the on-site supervisor, the on-site supervisor will complete a mid-term and final evaluation (forms attached). The evaluations should be based on the goals and tasks indicated in the job description and learning objectives. These evaluations will be shared with the intern and the on-campus internship faculty.

WORK SUPERVISOR: I have discussed this internship with the student and have negotiated and assigned the work components which appear on this agreement. I agree to provide assistance and necessary training and consultation to help the intern make progress toward their learning goals and objectives. I further agree to provide the intern with an orientation concerning relevant organizational policies, procedures and functions, to meet with the intern regularly, and to be available for counsel and advice for the duration of the internship. I agree to conduct an evaluation of the student and to participate in a site visitation if requested.

Print Name of Work Supervisor and Position/Title

Signature of Work Supervisor

Print Name of Agency or Organization/Department

Date



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LEARNING AGREEMENT: INTERNSHIP ACADEMIC COMPONENT

The academic component is to be determined by the Faculty Supervisor and the intern.

Internship Goals: Describe the learning goals or projected outcomes of the internship. Consider academic goals, personal goals, and professional goals. Please be as specific as possible. This is the place where you, the intern, should think of all the SPECIFIC things you'd like to accomplish. For example, would you like to ask your on-site supervisor or intern mentor to introduce you to at least 5-7 people in this field (networking!)? Would you like to attend at least 2-3 decision-making meetings? Would you like the opportunity to learn a specific software package? Would you like the opportunity to accompany an executive to a professional association meeting? Think of all the personal, professional, and educational goals you'd like to accomplish as part of your internship. Please attach additional sheets if needed.

Please determine three goals using the **SMART** method - goals should be:

Specific, Measurable, Attainable (within the 3-month internship), **Realistic**, and have **Timelines** attached to each.

Professional Goals:

Academic / Educational Goals:

Personal Goals:

FACULTY SUPERVISOR: I have discussed and negotiated with the student the academic component, as indicated on the Learning Agreement Plan. I concur with the stipulation of this agreement as of the date of my signature. I further agree to meet regularly with the student to discuss the internship experience, to conduct evaluations, and to do an on-site visit if possible.

Print Name of Faculty Supervisor

Signature of Faculty Supervisor

Date

STUDENT INTERN: I concur with and accept the academic and work assignments indicated in this Learning Agreement Plan. I agree to complete all the work and academic related assignments to the best of my ability. I accept the obligation of confidentiality in my work and agree to familiarize myself with and to adhere to the organization's relevant policies and procedures, and to the appropriate standards of ethical conduct. Further, understand there are ordinary risks inherent in the workplace and I will become aware of and consent to undertake such risks. **I HEREBY RELEASE, INDEMNIFY AND AGREE TO HOLD ST. EDWARD'S UNIVERSITY, ITS GOVERNING BOARD, OFFICERS, EMPLOYEES AND REPRESENTATIVES HARMLESS FROM ANY AND ALL LIABILITY TO ME, MY PERSONAL REPRESENTATIVES, ESTATE, HEIRS, NEXT OF KIN, AND ASSIGNS FOR ANY AND ALL CLAIMS AND CAUSES OF ACTION FOR LOSS OF OR DAMAGE TO MY PROPERTY AND FOR ANY AND ALL ILLNESS OR INJURY TO MY PERSON, INCLUDING MY DEATH, THAT MAY RESULT FROM OR OCCUR DURING MY PARTICIPATION IN THIS ACTIVITY, WHETHER CAUSED BY MY OWN NEGLIGENCE OR INTENTIONAL ACT OR OMISSION OR THE NEGLIGENCE OF ST. EDWARD'S UNIVERSITY, ITS GOVERNING BOARD, OFFICERS, EMPLOYEES, OR REPRESENTATIVES, OR OTHERWISE.** I also understand that St. Edwards's University has no control over hazards to which I may be exposed during the internship and do not hold the university liable for any accidents or incidents that occur.

Print Name of Student Intern

Signature of Student Intern

Date