

6 W U R P H College of Business

Experiential Education Learning Contract

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4 F S W J D F T

Supervisor Name		Supervisor Email	
<input type="text"/>		<input type="text"/>	
Supervisor Phone		Address	
<input type="text"/>		<input type="text"/>	
Hours/Week	Rate/Hour	Start Date	End Date
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
How did you hear about your internship/co-op?			
<input type="text"/>			

Use experience in specific measurable terms and describe how your activities will enable

you to meet your learning objectives. List reading, writing, contact with faculty sponsor, peer group, discussion, field trips, observations, etc., you will make and carry out which will help you meet your learning objectives. 6 W X G H Q W V P L X Q / W H Q U R R C U O L Q R U G H U W R R E W D L Q D F D G H P L F F U H G L W I R U W K H H [S H U L H Q F H

ACADEMIC AGREEMENT

Major	Semester	Year		
<input type="text"/>	<input type="text"/>	<input type="text"/>		
Faculty	Subject	Course#	CRN#	Credits
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

A pass/fail grade for this course will be issued only if the following criteria are met:

- FCompletion of required hours in the Internship position as required by major.
- FCompletion of Task and Hours Journal, approved by supervisor, submitted to faculty advisor as required by major.
- FCompletion of a Summary Paper and Evaluations.

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As the student participant in the Experiential Education Program, I take full responsibility for the above requirements.

Student Signature/Date) D F X O W \ @ D a t e Q V R U
<input type="text"/>	<input type="text"/>
Supervisor Signature/Date	& R O O H J H S i g n a t u r e / D a t e W H
<input type="text"/>	<input type="text"/>

Please print for signatures and submit completed O H D U Q L Q J F R Q W U D F W D Q G D M R E G H V F U L S W L R Q R U R I I H U O H W W H U W R