



**INTERNSHIP**  
 School of Business and Economics  
 Department of Economics and Finance  
**LEARNING CONTRACT**



Student Name: \_\_\_\_\_ Student ID: \_\_\_\_\_

Current Address: \_\_\_\_\_

Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

Internship Term: \_\_\_\_\_ Internship Title: \_\_\_\_\_

Course: MGMT 444      Internship State Date: \_\_\_\_/\_\_\_\_/\_\_\_\_      End Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Work Schedule: (Must work a minimum of 10 hrs/wk)

Monday: \_\_\_\_\_ Tuesday: \_\_\_\_\_ Wednesday: \_\_\_\_\_ Thursday: \_\_\_\_\_ Friday: \_\_\_\_\_

Host Organization: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Supervisor: \_\_\_\_\_ Title: \_\_\_\_\_

Fax: \_\_\_\_\_ E-mail: \_\_\_\_\_

The Learning Contract is an agreement between the student, the Host Organization, the Internship Coordinator and the Department of Management and Entrepreneurship. The Contract must be filled out completely and be returned to Tracy Clifford, Internship Coordinator, in Beatty 100. Once on file, the student will then be able to register for the internship.

As part of the Learning Contract, the student will set goals, write daily and weekly journals, prepare self-evaluations, write a final paper and meet with his/her designated Project Supervisor on a weekly basis. Failure to meet these requirements will be reflected in the overall internship grade. Professionally, the intern will set a work schedule with the Host, be on-time, act professionally and be responsible for any and all work completed during the internship.

Student: I accept the academic and work requirements indicated in this Learning Contract. I accept the obligation of my confidentiality in my work and agree to familiarize myself with the organizations policies and procedures and maintain standards of ethical conduct. I understand there are risks inherent in the workplace and I will become aware of and consent to take such risks. I also understand that the College of Charleston, School of Business and Economics has no control over any hazards to which I may be exposed during the internship and I do not hold the College liable for any accidents or incidents that may occur.

Student: \_\_\_\_\_ Date: \_\_\_\_\_

Work Supervisor: I have discussed the above internship with the student, including work schedule and work assignments. A job description is attached for reference as well. I agree to provide assistance and training to the intern in order for them to achieve the goals stated in the Learning Contract. An orientation will be provided to the intern with a focus on the organizations policies and procedures. I agree to conduct a mid-term and final review of the intern's performance as well.

Work Supervisor: \_\_\_\_\_ Date: \_\_\_\_\_

Internship Coordinator: \_\_\_\_\_ Date: \_\_\_\_\_

Department Chair: \_\_\_\_\_ Date: \_\_\_\_\_