

Wisconsin Lutheran College
Office of Career & Professional Development

INTERNSHIP AGREEMENT FORM

****This form must be completed and uploaded into the online classroom within the first two weeks of the internship.**

Student Information

Student name: _____
Last *First* *M.I.*

Student phone: _____ WLC email: _____

Major/minor in which you wish to earn credit: _____ Are you declared? Yes No

Advisor: _____ Class standing: SR JR SO FR ADC

Internship semester: Fall J-term Spring Summer Internship year: _____

Number of internship credits: _____ Start date: _____ End date: _____

Internship Site Information

Company/organization name: _____

Company/organization address: _____

Street Address

Suite/Unit #

City

State

Zip Code

Supervisor name: _____

Supervisor title: _____

Supervisor phone: _____ Supervisor email: _____

Is this internship unpaid or paid? Unpaid Paid Rate of pay (per hour/stipend): _____

Work schedule: _____

Job description attached? Yes No If no, please include job description/duties below:

Internship Learning Goals

Please list 2-3 learning goals for this internship experience. Please note that you will be asked to reflect on these goals in your classroom assignments.

Terms of Agreement

Student intern: I agree to the internship learning goals outlined above and commit to completing the minimum number of hours required for registered credit (45 hours/credit). I agree to familiarize myself with all relevant organizational policies, to conduct myself in a professional and ethical manner, and to complete all assigned work duties promptly and to the best of my ability. Finally, I agree to complete all academic assignments as outlined in the course syllabus and the online classroom, and will maintain regular communication with both my on-site supervisor and WLC's Office of Career & Professional Development, especially if special circumstances or issues arise.

Student intern signature: _____

Date: _____

Faculty advisor: I have read and approved the student's internship learning goals above, and hereby give consent for the student to complete this internship for academic credit in my discipline. I agree to serve as a resource for the student throughout the term of the internship and will work collaboratively with the Office of Career & Professional Development as needed.

Faculty advisor signature: _____

Date: _____

Site Supervisor: I agree to work collaboratively with WLC's Office of Career & Professional Development to provide a quality educational internship experience for the student intern. These duties shall include: orienting the student to the organization's policies and procedures; offering projects appropriate to the student's level of education and skill, and in keeping with the student's learning goals; maintaining regular communication with the student throughout the internship; offering appropriate feedback as needed; and completing an online evaluation at the completion of the experience.

Site supervisor signature: _____

Date: _____

Questions? Please contact:

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