

**UNIVERSITY OF MEMPHIS
UNIVERSITY COLLEGE LEARNING CONTRACT
FIELD EXPERIENCE /INTERNSHIP**

NAME: _____ / _____ UID#: _____
Print or Type Signature

E-Mail Address: _____ Telephone: _____

Check the appropriate ones below:

<input type="checkbox"/> UNIV 2110 – Field Experience	Credit - Hours : <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> ----
<input type="checkbox"/> UNIV 4000 – Community Internship	Credit – Hours: <input type="checkbox"/> 3 <input type="checkbox"/> 6
<input type="checkbox"/> UNIV 4110 – Internship	Credit – Hours : <input type="checkbox"/> 3 <input type="checkbox"/> 6

Coordinated Study Title or Major: _____

Registration for the above indicated Field Experience/Internship will be for the:

Spring Summer Fall 20_____ semester.

Work will begin _____, 20____ and end _____, 20____. (Use the best estimates.)

Provide a brief description below of the proposed Field Experience/Internship and its value to your overall course of study.

APPROVED:

Field Supervisor: _____ / _____ Date: _____
Print or Type Signature

Address: _____ Phone: _____

Overseeing Faculty Member: _____ / _____ Date: _____
Print or Type Signature

Department: _____ Phone: _____

UNIV 4000 – Community Internship Only

Faculty Chairperson or
 Department Chair: _____ / _____ Date: _____
Print or Type Signature

Address: _____ Phone: _____

University
 College/Advisor/ Dean: _____ / _____ Date: _____
Print or Type Signature

This contract must be approved before you will receive a permit to register for UNIV 2100, 4000, or 4110

FOR OFFICE ONLY

Date received: _____	Date Logged: _____	Call Number: _____
Copied: _____	To be mailed _____	Section Number: _____
To be picked up: _____		Permit Issued: _____

UNIV 2110- FIELD EXPERIENCE
UNIV 4000 – COMMUNITY INTERNSHIP
UNIV 4110 – INTERNSHIP

General Information

Catalog Descriptions

UNIV 2110 – Field Experience (1-6 hours). Supervised on-site training in basic skills. May be repeated up to a maximum of six credit-hours. Prerequisite: Approval of Out-of Class Learning and Baccalaureate Contracts.

UNIV 4000 – Community Internship (3-6 hours). Extensive professional preparation as an intern in a community setting that may limit student's enrollment in other courses. May be repeated up to a maximum of six credit-hours. Prerequisite: Permission of student's department chairperson. *NOTE: Students enrolled in UNIV 4000 are considered to be full-time students for enrollment certification purposes.*

UNIV 4110 – Internship (3-6 hours). Supervised training in work related to the student's educational objectives. May be repeated up to a maximum of 12 credit-hours. Prerequisite: Approval of Out-of Class Learning and Baccalaureate Contracts. *NOTE: Paralegal Studies students take LEGL 4410, not UNIV 4110.*

Credit-Hours and Work

Ten hours of work per week for 15 weeks necessary for receiving three hours of credit. (150 clock hours of work = 3 hours of college credit). All work should be completed in one semester.

Instructor

The University of Memphis faculty member who is responsible for guiding the student's work is responsible for assigning a final grade. Completed work is assigned a grade of Satisfactory or Unsatisfactory (S or U)

Field Supervisor

A resource person in the work setting will supervise or coordinate the work of the intern and provide an evaluation at the conclusion of the internship.

Writing the Learning Contract

- **Learning Objectives:** Clearly stated objectives make evaluation easier at the completion of the experience.
- **Activities:** Use verbs to outline what you will do. Be concrete: tell who, where, and how many.
- **Resources:** Include a bibliography (if applicable), persons, agencies, equipment and funds to be used. If the contract raises questions of liability, privacy, or legality, an explanation should be attached.
- **Evidence of Readiness:** Relevant professional experience and classroom study should be listed.
- **Criteria and Procedures for Evaluation:** Detail how your activities will be evaluated by the instructor.

Procedures

- It is the student's responsibility to identify an internship site.
- If a student is employed, he/she may use the place of employment as the internship site with the stipulation that the field supervisor certifies that the internship experience will include learning activities other than regular job responsibilities.
- The student will complete the learning contract, secure signatures from the field supervisor, instructor, and (the student's department chairperson if the internship experience will be for UNIV 4000 credit) and submit it to the University College assistant dean before the regular registration period of the semester in which the field experience/internship will be performed.
- When the contract is approved, the student will be cleared to register. The original copy of the approved contract will be returned to the student. Copies will be sent to the field supervisor and instructor, and a copy will be placed in the student's University College file.

TO THE FIELD SUPERVISOR:

GUIDELINES FOR A SUCCESSFUL INTERNSHIP

The following guidelines are offered to make the internship an effective learning experience and to better utilize the time and talents of the intern while he/she is working under your supervision.

1. Coordinate the intern's talents/skills with the task to be performed whenever possible.
2. If multiple tasks are assigned, establish priorities to ensure that the most important elements are completed first.
3. Provide background information on the project/task assigned to the intern so that he/she will understand its relationship to the overall work of the organization.
4. Give specific, step-by-step instruction/explanation of the work to be performed. Support this information with a set of written instructions and samples of the desired results.
5. Maintain open lines of communication. Reassure the intern that you or another staff member will always be available to answer questions. Encourage the intern to ask questions regarding any aspect of the work about which he/she is uncertain.
6. Organize work by separating it into manageable tasks that can be completed independently to create a feeling of accomplishment.
7. Specify the deadline by which projects are to be completed. Set due dates to provide time for consultation with the intern.
8. Give constructive feedback that will assist the intern in developing professional skills.
9. While all staff members must occasionally do routine tasks, the intern should not be assigned the following tasks as part of his/her regularly scheduled duties:
 - a. Routine clerical duties such as typing of general correspondence, file maintenance, photocopying of quantities of routine material
 - b. Performing personal errands for staff members.
 - c. Serving exclusively as office receptionist.

TO THE FIELD SUPERVISOR:

Complete this page ONLY if the intern is regularly employed by your organization.

CERTIFICATION OF INTERNSHIP DUTIES

1. As an employee of _____, _____'S
Name of Company/Organization Name of intern

Customary compensated job duties are:

2. Listed below are the specific duties to be completed by _____
Name of intern

Between _____ 20____ and _____ 20 ____ to fulfill the
Beginning month and day ending month and day

requirements of the internship contract with The University of Memphis.

(To be completed after the end of the field experience or internship)

3. I hereby certify that _____'s customary job duties have in no way
Name of Intern

been substituted for the internship duties.

Signature of Supervisor

Date

TO THE STUDENT:

1. If you will be taking other courses while doing your Field Experience/Internship, list the number of additional credit hours.____ If you will be working in addition to doing your Field Experience/Internship, list the number of hours per week.____
2. Specify what your learning objectives are; that is, what new knowledge, skills or abilities you expect to acquire through this Field experience/Internship.
3. Where will you work? What activities will be performed? Be specific.
4. What resources will be used for the Field Experience/Internship? Specify titles of books, journals or other published information/data; names and titles of professional contacts; computer programs and/or special sources of information or experience.

5. What academic and/or professional background have you had to prepare you for this Field Experience/Internship?

6. What evaluation criteria and procedures have been agreed on by you, your internship/field supervisor and your Instructor of Record? Describe both (1) criteria and (2) procedures.

LOG OF HOURS SPENT

Date	Hours Spent	Work Completed	Student's Signature	Internship/Field Supervisor's Signature

LOG OF HOURS SPENT

Date	Hours Spent	Work Completed	Student's Signature	Internship/Field Supervisor's Signature

I have discussed the internship or field experience with the field supervisor and confirm that this student worked a minimum of 50 hours for each semester hour of credit.(3 credits =150 internship/field experience hours.)

Signature of Faculty Chairperson

Date

Field Supervisor's Evaluation

University College Learning Contract for Field Experience/Internship

To be prepared after work is completed.

Student's Name: _____ SSN# _____

Duration of Field Experience /Internship: _____ to _____
Beginning month and day Ending month and day

Place of Field Experience/Internship _____

Field Supervisor's evaluation of student's performance. Circle the most appropriate number.

	Strongly Agree				Strongly Disagree
	5	4	3	2	1
The quality of this student's work was consistently excellent.					
This student was extremely reliable about fulfilling the requirements of the internship or field experience.	5	4	3	2	1
This student always came to work on time.	5	4	3	2	1
This student never had an unexcused absence	5	4	3	2	1
I was so pleased with the quality of his/her work that, I had an opening I would seriously consider hiring him/her.	5	4	3	2	1

Comments about this student's work .

Field Supervisor: _____ / _____
Print or Type Signature Date

Student Evaluation

University College Learning Contract for Field Experience/Internship

To be prepared after work is completed.

Name: _____ SSN# _____

Coordinated Study Title: _____

Duration of Field Experience/Internship: _____ to _____

Title of Field Experience/Internship: _____

Student's comments on his or her own performance:

Student: _____
Signature

Date

Instructor: _____
Signature

Date

Instructor's Evaluation

University College Learning Contract for Field Experience/Internship

To be prepared after work is completed.

Name: _____ SSN# _____

Semester Completed: _____ Grade: _____

Title of Field Experience/Internship: _____

Instructor's comments on student's performance:

Instructor: _____ / _____ _____
Print or Type Name Signature Date