

Internship Learning Contract

College of Health Sciences

The University of Memphis

(To be completed by intern in consultation with the site supervisor. Check with your university supervisor about the due date.)

Student Intern's Name _____ Student # U00 _____

Course: _____
 Prefix Number Hours Semester Year

Name of Site: _____

Name of Site Supervisor _____

1. Description: (Provide a brief description of the role and responsibilities of the intern.)

2. Internship objectives: Specify what knowledge, skills or abilities you expect to acquire and/or apply during this internship. Use verbs to outline what you plan to do. Be concrete: tell who, where and how many.)

(Internship learning contract, continued)

3. Internship activities/tasks: List tasks and activities planned for the internship that will facilitate the achievement of your objectives. Propose a timetable for the completion of activities/tasks.

4. Resources: What resources will be used for the internship? Specify titles of books, journals, or other published information/data, other agencies, equipment, funds to be used, names and titles of professional contacts, computer programs and/or special sources of information or experience.

Preliminary Approval:

Site Supervisor: _____

Date _____

Student Intern: _____

Date _____