

INTERNSHIP LEARNING CONTRACT

Coastal Carolina University

STUDENT INTERN _____ STUDENT ID # _____

CREDITED _____ ELECTIVE _____ NON-CREDITED _____ COURSE # _____ CREDIT # _____

MAJOR _____ GRADE LEVEL _____ EXPECTED GRADUATION DATE _____

ADDRESS _____

TELEPHONE _____ E-MAIL _____

INTERNSHIP SITE _____

SITE ADDRESS _____

POSITION TITLE _____ DEPARTMENT _____

WORK TERM _____ FALL _____ SPRING _____ SUMMER

COMPENSATION _____ UNPAID _____ PAID _____ AMOUNT _____ (OTHER)

WORK HOURS _____ (10-20 hrs/wk.) _____ (30-40 hrs/wk.) _____ (OTHER)

STARTING DATE _____ ENDING DATE _____ TOTAL WEEKS _____ TOTAL HOURS _____

SITE SUPERVISOR _____ TITLE _____

SUPERVISOR PHONE _____ EMAIL _____

BRIEF DESCRIPTION OF INTERN'S DUTIES & RESPONSIBILITIES: _____

SIGNATURES: This is to certify that I have completed an interview with appropriate personnel from the above employer and they have accepted me for placement during the time period specified above. I agree to fulfill the duties and responsibilities as outlined by my employer, and the academic requirements for completing the internship course for credit. I understand that non-credited internships cannot be used to satisfy the internship requirements for academic programs unless specifically approved by the academic department.

STUDENT INTERN _____ DATE _____

SITE SUPERVISOR _____ DATE _____

FACULTY SUPERVISOR _____ DATE _____
(For credited internships only)

CAREER SERVICES COORDINATOR _____ DATE _____

PLEASE RETURN COMPLETED FORM TO:

ROBERT BULSZA, CAREER SERVICES INTERNSHIP COORDINATOR
rbulsza@coastal.edu INDIGO HOUSE, ROOM 105 (843)234-3450 fax (843)349-2718