

CLAYTON STATE UNIVERSITY  
OFFICE OF CAREER SERVICES

(678) 466-5400

Edgewater Hall, Suite 228

**ALL INFORMATION ON THIS FORM MUST BE TYPEWRITTEN**

**INTERNSHIP LEARNING AGREEMENT**

Select what type of internship: In-person \_\_\_ Virtual/Remote \_\_\_ Both \_\_\_

*(Completed form with all signatures must be returned to your Faculty Coordinator by the end of Drop-Add.)*

Student **insert your full first and last name** \_\_\_\_\_

Laker ID Number **enter your full ID #** \_\_\_\_\_ Expected Graduation Date **include semester and year** \_\_\_\_\_

Phone **enter your full phone #** \_\_\_\_\_ Email \_\_\_\_\_@student.clayton.edu

Internship Semester **include semester and year** \_\_\_\_\_ Major \_\_\_\_\_

Internship Site **include the full name of the organization where you will complete your internship** \_\_\_\_\_

Internship Site Address **include the full street address, with city, state, and zip code of the organization** \_\_\_\_\_

**This Internship is:**  Unpaid  Paid Amount per hour: \_\_\_\_\_ (optional)

**Site Supervisor** **include first and last name** \_\_\_\_\_ **Title** \_\_\_\_\_

*(Supervisor may NOT be a relative!)*

**Supervisor's Phone** \_\_\_\_\_ **E-mail** \_\_\_\_\_

*Student communicates with Supervisor to determine at least three learning objectives to accomplish while participating in the internship. Student completes form.*

1. Learning Objective **List Learning Objective #1 here (for example: Improve communication skills, Improve research or writing skills, Observe what it is like to work in my field of study, Learn more about my field of study, or Work with clients)** \_\_\_\_\_

*Duties, responsibilities, and activities for meeting objective*

**List here two or more duties, responsibilities or activities that you will have at the internship site that will allow you to achieve the learning objective listed above.**

2. Learning Objective **List Learning Objective #2 here** \_\_\_\_\_

*Duties, responsibilities, and activities for meeting objective*

**List here two or more duties, responsibilities or activities that you will have at the internship site that will allow you to achieve the learning objective listed above.**

3. Learning Objective **List Learning Objective #3 here** \_\_\_\_\_

*Duties, responsibilities, and activities for meeting objective*

**List here two or more duties, responsibilities or activities that you will have at the internship site that will allow you to achieve the learning objective listed above.**

*(Additional Learning Objectives may be listed on an attached sheet.)*

This **Internship Learning Agreement** is established to provide a basis of understanding between Clayton State University (CSU), the student intern, and the internship site. This agreement commits neither the internship site nor the student to permanent employment.

The **CSU Faculty Coordinator** agrees to:

1. Provide related academic assignments coordinated with the internship experience.
2. Communicate with the internship supervisor throughout the semester to evaluate student's work performance.
3. Assess degree to which student meets stated learning objectives.
4. In the event of a Supervisor change, submit a new Learning Agreement with new Supervisor information and signature
5. **Verify the internship site must follow the same requirements for face covering and social distancing that are used on campus for in-person internships**

The **Internship Site** agrees to:

1. Provide the student with an orientation which includes but is not limited to: a tour of the facilities and information on policies and procedures, both formal and informal.
2. Provide an internship experience that permits student to meet her/his learning objectives.
3. Provide supervision that emphasizes the student's safety as well as the learning objectives.
4. Clarify to permanent employees the expectations for the student's internship. The intern does not displace regular employees, but works under the close observation of a regular employee.
5. Notify CSU in a timely manner of any serious problems related to the internship, including a need to terminate student's participation.
6. Furnish all necessary supplies and equipment.
7. Communicate periodically with CSU representatives regarding student's work performance.
8. Complete and submit a final internship evaluation on a designated form at the end of each semester. This evaluation will provide input for the student's course grade.
9. **Follow the same requirements for face covering and social distancing that are used on campus for in-person internships.**

The **Student** agrees to:

1. Participate voluntarily if this is an in-person internship.
2. Notify the Faculty Coordinator of changes to Site Supervisor and submit a new Learning Agreement with new Supervisor information and signature
3. Follow the rules and policies that apply to all employees.
4. Perform assigned tasks in a responsible manner.
5. Demonstrate honesty, punctuality, cooperation, courtesy, and a willingness to learn.
6. Maintain regular attendance both at CSU and at the internship site.
7. Avoid unsafe acts and be alert to unsafe conditions.
8. Notify appropriate internship site personnel or CSU Associate Director of Career Services of any significant difficulties experienced at the internship site.
9. Provide records or reports required by either CSU or the internship site.
10. Facilitate obtaining a completed, end-of-semester evaluation form from site supervisor.

#### **AUTHORIZATION TO RELEASE STUDENT INFORMATION**

I hereby authorize the Office of Career Services and/or my faculty coordinator at Clayton State University to release, on my behalf, to potential internship sites my GPA, resume, or other such information contained in my educational records as is *necessary* to aid the organizations in assessing my potential for participation in an internship. I further authorize the Office of Career Services to communicate with an internship site regarding my work performance during the semester(s) of participation.

I understand that this information will be disclosed to those persons at the internship site who have been determined by that organization to have a need to know. I understand that this information is being released pursuant to the Family Educational Rights and Privacy Act of 1974 and will not be released to other parties without my consent.

**We the undersigned agree to the conditions set forth in this *Internship Learning Agreement*.**

**PRINT NAME**

**SIGNATURE**

**DATE**

Student print your name, sign in ink or with electronic signature matching actual signature, date

Site Supervisor print your name, sign in ink or with electronic signature matching actual signature, date

Faculty Coordinator \_\_\_\_\_

College Dean \_\_\_\_\_

**APPROVED**

**DENIED**