


HOPE COLLEGE
DEPARTMENT OF COMMUNICATION
INTERNSHIP PROGRAM

Learning Contract

Please indicate the term during which the internship will be completed: _____

Name of Intern:		Hope ID #:
Campus Address:		Campus Phone:
City:	State:	Zip:
Home Address:		Cell Phone:
City:	State:	Zip:
Email Address:		
Internship Site:		
Address:		Phone:
		Fax:
Internship Site Supervisor:	Internship Start Date:	Internship Completion Date:
Site Supervisor Title/Job Description:	Hours/Day	Days/Week
Weekly Work Schedule/Comments:		

Specific Learning Objectives:

On a scale of 1-5 (1 = very little, 5 = very much), please indicate how much the student intern will be able to learn about the following aspects of your organization while working in this internship position.

Specific Learning Objectives	Very Little	2	3	4	Very Much
Key skills and competencies required by internship organization	1	2	3	4	5
The core business of the internship organization	1	2	3	4	5
How the internship organization measures its success	1	2	3	4	5
How teamwork functions in the internship organization	1	2	3	4	5
How networking functions in the internship organization	1	2	3	4	5
The organizational culture of the internship organization	1	2	3	4	5
The internship organization's hierarchy	1	2	3	4	5
The internship organization's policies and procedures	1	2	3	4	5
How the site communicates with its constituents/key publics	1	2	3	4	5

Responsibilities of the intern (projects, tasks)

Academic and professional benefits of the internship: (Please describe as specifically as possible some of the knowledge and skills that the intern will be acquiring.)

Internship site supervisors participate in the evaluation of Hope College interns at the midpoint and at the conclusion of the internship. Please describe the criteria that will be used to evaluate the intern.

Has the intern ever been employed at this site in any other capacity? Yes No
If yes, briefly describe the intern's previous responsibilities.

The student intern will be enrolled in a Hope College credit-bearing internship course. Will the intern also be paid? Yes No

Signatures

Site Supervisor
Date _____

Student Intern
Date _____

Internship Director
Date _____

Please attach Site Supervisor business card here.