

## STUDENT LEARNING CONTRACT DIRECTIONS & REGISTRATION

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**The student learning contract is completed in sequential order. The student and the employer must determine the student's duties and assignments before a faculty intern advisor will be able to determine academic assignments and credit hours.**

**Students are responsible for obtaining all necessary signatures and having all relevant sections of this form completed before submitting the form directly to the Office of the Registrar.**

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### **Step 1: Sections to be completed by the student**

Complete section A and sign section D. Obtain complete information for sections B through D and submit the form directly to the Office of the Registrar.

### **Step 2: Sections to be completed by the employer**

Read section A. Determine whether the student's goals and objectives may be met through an internship with your organization. If you are able to provide a sufficient internship experience for the student, complete section B and provide your signature in section D for approval.

### **Step 3: Sections to be completed by the faculty intern advisor**

Read sections A and B. Review the student's goals and objectives in addition to the employer's description of duties to determine academic learning assignments. Complete section C and provide your signature in section D for approval.

### **Step 4: Sections to be completed by the department head**

Review sections A through D. Provide your signature in section D for approval.

### **Step 5:**

The student submits the student learning contract directly to the Office of the Registrar. The internship is then placed on the student's course schedule.

### **Step 6:**

The student, employer, faculty intern advisor, and department head each receive a copy of the student learning contract within one week of the student's submission of the completed contract as confirmation that the internship has been approved and registered with the university. Any discrepancies in the student learning contract must be reported to the department head immediately.

Along with a copy of the student learning contract, the employer will receive a confirmation letter and employer evaluation form generated by the Office of the Registrar. The employer will be instructed to send the employer evaluation form directly to the faculty intern advisor at the end of the internship.

### **Step 7:**

Copies of the student learning contract will be sent to the Office of Communications for press releases and the Center for Career Services for employer development.

**SUSQUEHANNA UNIVERSITY**  
**Internship Student Learning Contract**

Students are responsible for obtaining all necessary signatures and having all relevant sections of this form completed before submitting the form directly to the Office of the Registrar. Students must submit a completed student learning contract to officially register for their internship before the beginning of the internship and before the end of the drop-add period. Retroactive credit or incomplete student learning contracts will not be approved. According to the course catalog, a GPA of 2.0 or better is required for students to participate in internships.

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**A. STUDENT INFORMATION** (to be completed by the student)

Name: \_\_\_\_\_ Student ID number: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_ Graduation year: \_\_\_\_\_ Academic program: \_\_\_\_\_  
Did you have alumni assistance in finding your internship? Yes  No  If yes, please specify: \_\_\_\_\_

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Student's specific goals and objectives (attach documents if necessary):

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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**B. EMPLOYER INFORMATION** (to be completed by the employer and submitted by the student)

Supervisor Name: Mr. or Ms. \_\_\_\_\_ Title: \_\_\_\_\_  
Company/Organization: \_\_\_\_\_ Phone: \_\_\_\_\_  
E-mail address: \_\_\_\_\_ Fax: \_\_\_\_\_  
Street address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Intern's salary (kept confidential): \_\_\_\_\_ Work hours per week: \_\_\_\_\_  
Dates of internship: From: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ To: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Month Day Year Month Day Year

Description of duties (attach documents if necessary):

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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**C. FACULTY INTERN ADVISOR** (to be completed by the faculty intern advisor and submitted by the student)

Name: \_\_\_\_\_ Assignment due date: \_\_\_\_\_  
Department: \_\_\_\_\_ Course number: \_\_\_\_\_  
Circle number of credits approved: 1 2 3 4 Other: \_\_\_\_\_ Circle grading scale: S/U or A-F  
Academic learning assignments (attach documents if necessary):

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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**D. SIGNATURES** -By signing, the student agrees to comply with internship policies on reverse side. *The undersigned understand and agree to complete and satisfy all terms of this learning contract.*

**Agreement:** Student: \_\_\_\_\_ Date: \_\_\_\_\_  
Employer: \_\_\_\_\_ Date: \_\_\_\_\_  
**Approvals:** Faculty Intern Advisor: \_\_\_\_\_ Date: \_\_\_\_\_  
Department Head: \_\_\_\_\_ Date: \_\_\_\_\_

*Information listed on this form is shared with the Office of Communications and Center for Career Services.*