

**GETTYSBURG COLLEGE  
CENTER FOR CAREER DEVELOPMENT  
LEARNING CONTRACT**

Please note: The deadline to hand in this learning contract to the Center for Career Development is June 15 for summer internships and by the drop/add date for Fall semester and Spring semester internships. Please contact the Registrar's Office for the current semester's date.

**Student Name:** \_\_\_\_\_

Campus Box: \_\_\_\_\_ Campus Phone: \_\_\_\_\_ Graduation Year \_\_\_\_\_

E-mail address: \_\_\_\_\_

Academic Major: \_\_\_\_\_

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Telephone: \_\_\_\_\_

**Address during your internship if different from home address:**

Street: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**Agency:** \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

**Agency Supervisor and Title:** \_\_\_\_\_

**Supervisor Email:** \_\_\_\_\_

**Brief Description of Responsibilities:**

**Dates of Employment:** \_\_\_\_\_

**Number of hours:** \_\_\_\_ (160 hours = 1 course unit) \_\_\_\_ (80 hours = 1/2 course unit)

**During what semester are you doing this internship?**

Fall \_\_\_\_\_  
(Year)

Spring \_\_\_\_\_  
(Year)

Summer \_\_\_\_\_  
(Year)

Do you need to provide proof of liability insurance? \_\_\_\_ Yes \_\_\_\_ No

**Student Internship Goals:**

**Academic Requirements:**

1. Are there established departmental requirements? \_\_\_\_ Yes \_\_\_\_ No (if no, go to #4)
2. Student has received department requirements. \_\_\_\_ Yes \_\_\_\_ No
3. Faculty sponsor has received department requirements. \_\_\_\_ Yes \_\_\_\_ No
4. Daily Journal \_\_\_\_
5. a. Analytical paper connecting internship experience to academic discipline \_\_\_\_; or  
b. Project – describe:

6. Other requirements – describe:

7. Attachments (readings, etc.):

Department granting credit: \_\_\_\_\_

Course Number: \_\_\_\_\_ Grading Option: \_\_\_\_\_

**On-Site Supervisor's Expectations:**

**Signatures:**

Student: \_\_\_\_\_ Date \_\_\_\_\_

Faculty Sponsor: \_\_\_\_\_ Date \_\_\_\_\_

Site Supervisor: \_\_\_\_\_ Date \_\_\_\_\_

**Please return this form to:**

**Center for Career Development, Box 425, Gettysburg College, Gettysburg, PA 17325**

**Telephone: 717-337-6616 Fax: 717-337-6538**