

**GETTYSBURG COLLEGE
INTERNSHIP OFFICE
LEARNING CONTRACT
APPROVED COLLEGE INTERNSHIP**

Please note: This learning contract should be handed in to the Center for Career Development within the first two weeks of the internship.

Please print or type

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 per week: _____

During what semester are you doing this internship?

_____ **Fall**
(Year)

_____ **Spring**
(Year)

_____ **Summer**
(Year)

Do you need proof of liability insurance? Yes _____ No _____

Student Internship Goals:

Supervisor's Expectations:

Center for Career Development Expectations: Participate in an **Internship Showcase** at the conclusion of your internship giving you the opportunity to share stories, pictures, etc. and reflect on your internship with other students who recently completed an internship experience, and allowing the Center for Career Development staff to gather information about your internship site.

May use attachments if additional space is required.

Signatures:

Student: _____ Date: _____

Site Supervisor: _____ Date: _____

Director of Internships
at Gettysburg College: _____ 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