

## Academic Internship Program

Maxine Goodman Levin  
College of Urban Affairs  
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Cleveland, Ohio 44115

Phone: (216) 687-3884  
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### Learning Contract And Educational Plan Undergraduate Internship

SEMESTER & YR. \_\_\_\_\_

Number of Credits: \_\_\_\_\_

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Contact Information (To be completed by the student.)

#### 1. Student Information (Please Print)

Name: \_\_\_\_\_ CSU ID: \_\_\_\_\_

Major: \_\_\_\_\_ Class: \_\_\_\_\_

Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

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

Emergency Contact: \_\_\_\_\_ Telephone: \_\_\_\_\_

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#### 2. Host Site & Supervisor

Organization: \_\_\_\_\_

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

Supervisor: \_\_\_\_\_

Title: \_\_\_\_\_

Telephone: \_\_\_\_\_ E-mail: \_\_\_\_\_

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#### 3. Director of Undergraduate Programs

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

Director : \_\_\_\_\_

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

#### Mailing Address

Maxine Goodman Levin  
College of Urban Affairs  
Office of Student Services  
UR 212  
2121 Euclid Ave.  
Cleveland, Ohio 44115

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

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



**Internship Duties (to be completed by supervisor)**

1. Nature of the project(s).
2. Work plan or specific activities with which the intern will be involved.
3. How will the project(s) help achieve the intern's learning objectives?
4. How will day-to-day supervision be provided?

5. Please indicate the desired skills to be used and/or developed during the internship?(to be completed by both student & supervisor)

6. Please indicate or attach a proposed work schedule.

#### **IV. Student Procedures and Expectations**

- The student must secure an internship opportunity that fits the student's academic and career goals.
- Be punctual and conscientious in his /her attendance for the time of the internship(150 hours of work for four credit hours & 300 hours of work for eight credit hours). The student will notify the supervisor in advance if he/she is unable to participate.
- Complete a 5-6 page paper which relates the student's prior coursework to the internship experience.
- Consider as confidential all information concerning other people, clients, employees, and agencies/organizations.
- Display a high degree of professionalism in all aspects of the work experience.
- Notify the Director of his/her Undergraduate Program and/or the Undergraduate Internship Coordinator at Cleveland State University of any problems, emergencies, safety hazards, concerns, or suggestions regarding his/her activities.
- Complete and return a formal internship evaluation in a timely manner.
- Arrange her/his own transportation to and from this activity unless other arrangements can be made by the College of Urban Affairs.
- Receive a satisfactory final evaluation from the host site supervisor.

**The Internship Agency or Organization and its designated supervisor understand and agree that they are expected to:**

- Orient the student to the overall operation of the agency and its role in addressing social issues and needs.
- Designate a qualified person to supervise the student's time, activities, and evaluation.
- Introduce the student to appropriate staff and orient her/him to assigned tasks and roles.
- Provide adequate initial direction to the student so that she/he feels comfortable with the assignment and can proceed with appropriate independence.
- Assist the faculty advisor in assessing internship performance by completing a final evaluation form supplied by the Office of Student Services.
- Contact the Program Director and/or the Coordinator of Undergraduate Internships should a problem arise with the student's performance at (216) 687-3884 or fax (216) 687-5398.

**V. Methods of Academic Evaluation**

- Complete at least 150 hours of work for four credit hours & 300 hours of work for eight credit hours
- Submit the Intern Evaluation Form
- Final Paper
- Agency Evaluation of the intern

**Authorizing Signatures**

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**I have reviewed the internship Work Proposal above and I understand that academic credit is granted for knowledge acquired through work-related learning, as evidenced by successful and timely completion of the assignments outlined in the Learning Agreement.**

**Student Signature \_\_\_\_\_ Date \_\_\_\_\_**

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**I have reviewed the above Internship Work Proposal, and I agree that the Work Proposal describes the planned internship experience.**

**Host Supervisor Signature \_\_\_\_\_ Date \_\_\_\_\_**

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**I have developed the above Learning Agreement in consultation with the student. I agree to work with the student to facilitate the success of the internship and to evaluate and grant credit for completed assignments as stated above.**

**Faculty Member Signature \_\_\_\_\_ Date \_\_\_\_\_**



