



[ ] INTERNSHIP or [ ] PRACTICUM (Check one)

Cooperative Learning Contract FOR

(Student Intern's Name)

Instructions:

- 1. The student, in consultation with the Site Supervisor and the Faculty Sponsor, is responsible for seeing that all three parts of this contract are completed.
2. Check with your Site Supervisor and Faculty Sponsor as to whether or not the Confidentiality Statement should be included.
3. File this contract with the Office of Internships and Practica, Rm 209 (with copies to the Faculty Sponsor and the Site Supervisor) BEFORE THE LAST DAY OF CLASSES of the semester prior to when the practicum or internship will take place.

Form box containing fields for Semester, Number of credit hours, Grading, Dates of Placement, and Total # hours per week student plans to work at site.

PART I: to be completed by the Student & Faculty Sponsor after discussion with the Site Supervisor.

A. Student's Information

Form fields for Student's Information: Local Address, Local Telephone, Cell Phone, and E-mail.

B. Faculty Sponsor's Information

Form fields for Faculty Sponsor's Information: Name, Address, Telephone, Fax, and E-mail.

**C. Site Supervisor's Information**

Name & Title: \_\_\_\_\_  
Name of  
Organization: \_\_\_\_\_  
Address: \_\_\_\_\_  
Telephone: \_\_\_\_\_ E-mail: \_\_\_\_\_

**D. Duties/Responsibilities Assigned by Site Supervisor** (use additional page if needed)

|    |  |
|----|--|
| 1. |  |
| 2. |  |
| 3. |  |
| 4. |  |
| 5. |  |

**E. Student's Learning Objectives** – check appropriate box and follow directions (use additional page if needed)

For Internship: Write goals below       For Practicum: Attach copy of Practicum Syllabus

|    |  |
|----|--|
| 1. |  |
| 2. |  |
| 3. |  |
| 4. |  |
| 5. |  |

**F. Student's performance & grade will be assessed using the following criteria**

(use additional page if needed)

|    |  |
|----|--|
| 1. |  |
| 2. |  |
| 3. |  |
| 4. |  |
| 5. |  |

**PART II:** for the student to read and indicate agreement with the statement by signing below.

I, the undersigned intern, fully understand that this is a learning experience and a commitment on my part and that it is my responsibility to fulfill and complete all the necessary requirements and tasks as specified by myself, the site supervisor, my faculty sponsor, the internship coordinator and Southern Vermont College.

I accept my internship/practicum with full understanding of the credits applied for, the grading system and the time that I must dedicate to the position as stipulated by myself, the site supervisor, my faculty sponsor and the internship coordinator. I also understand that I cannot accept any compensation for participation in a practicum.

I will give my full cooperation to the site supervisor or his/her designee, my faculty sponsor, and the internship coordinator. It is my responsibility to communicate with them during my internship or practicum and immediately notify them of any changes or problems that occur in my program.

**I fully understand and agree to commit to the Southern Vermont College Internship or Practicum as defined above.**

**Student's Signature:**

\_\_\_\_\_

**Date:**

\_\_\_\_\_

**PART III:** for the site supervisor and SVC faculty and staff members to indicate agreement with this contract.

**By signing below, we agree to the internship/practicum experience as described on this form.**

**Site Supervisor:**

**Date:**

\_\_\_\_\_

**Faculty Sponsor:**

**Date:**

\_\_\_\_\_

**Department Chair:**

**Date:**

\_\_\_\_\_

**Internship  
Coordinator:**

**Date:**

\_\_\_\_\_