



COLLEGE OF AGRICULTURE, FOOD AND ENVIRONMENT

Internship Program LEARNING CONTRACT

- 1. Please complete this contract with your faculty advisor.
- 2. Complete contracts must include student signature, faculty sponsor, and department chair approval. (Associate Dean Approval is no longer required for Departmental Internship Courses)
- 3. Upon completion with department approval, submit your complete contract to N8 Advising Resource Center for registration into your internship course.

Questions? Contact [Amanda Saha](mailto:Amanda.Saha@uky.edu), Director Career Development & Academic Enrichment
Amanda.saha@uky.edu or 859-257-3468

Student Information

Course Information

Student Name: _____

Semester/Year: _____

E-mail: _____

Course: _____

Phone: _____

Credit Hours: _____

Address: _____

City/ST/Zip: _____

Major: _____

College: _____

Class Level: _____

Student Number (not SSN): _____

Internship Partner Information

Hours

Organization/Company Name: _____

Starting Date: _____

Supervisor's Name: _____

Ending Date: _____

E-mail: _____

Total Number of Weeks: _____

Phone: _____

Average Hours Per Week: _____

Address: _____

Total Hours Worked: _____

City/ST/Zip: _____

Describe the duties of your internship:

List your learning objectives for this experience:

(What do you expect to learn from this experience? Objectives should be measurable and achievable.)

Specify the assignments agreed upon with your faculty sponsor:

(Assignments are usually reflective in nature.)

Specify dates and times you have agreed to meet with your faculty sponsor for critical reflection:

(Dates/times may be specific or in general terms. "To Be Determined" is not acceptable.)

Faculty Sponsor:

Department:

Campus Address:

Phone:

E-mail:

Department Chair:

Department:

Campus Address:

Faculty Sponsor Signature
Date

Date Department Chair Signature

Student Signature

Date