

**MBA INTERNSHIP LEARNING CONTRACT**  
**COLLEGE OF BUSINESS & PUBLIC ADMINISTRATION**



**PART I: CONTACT INFORMATION**

Student Name: \_\_\_\_\_ University ID: \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
 \_\_\_\_\_ (Street) \_\_\_\_\_ (City) \_\_\_\_\_ (State) \_\_\_\_\_ (Zip)

Home Phone #: (\_\_\_\_) \_\_\_\_\_ E-mail: \_\_\_\_\_

Internship Organization: \_\_\_\_\_ Web-site: \_\_\_\_\_

Business Address: \_\_\_\_\_  
 \_\_\_\_\_ (Street) \_\_\_\_\_ (City) \_\_\_\_\_ (State) \_\_\_\_\_ (Zip)

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

Phone: (\_\_\_\_) \_\_\_\_\_ Fax: (\_\_\_\_) \_\_\_\_\_

Hours/Week: \_\_\_\_\_ Rate of Pay: \_\_\_\_\_ Start/End Date(s): \_\_\_\_\_

Faculty Sponsor: \_\_\_\_\_ E-mail: \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_ Fax #: \_\_\_\_\_ Address: \_\_\_\_\_

**PART II: ACADEMIC AGREEMENT**

Registration is for the following: \_\_\_\_\_  
 \_\_\_\_\_ (Course #) \_\_\_\_\_ (Call #) \_\_\_\_\_ (# Credits) \_\_\_\_\_ (Semester / Year)

**A student will be registered only if they have completed 15 hours of core or beyond core classes and this learning contract is completed and signed by the student, employer, faculty sponsor and GPD.**

Use a separate sheet to describe the responsibilities of your internship, including duties, projects, what kind of instruction, assistance, and supervision will you receive and from whom. Note what you intend to learn through this experience in specific and measurable terms and describe how your activities will enable you to meet your learning objectives. List reading, writing, contact with faculty sponsor, peer group, discussion, field trips, observations, etc., you will make and carry out which will help you meet your learning objectives.

**A GRADE for this course will be issued only if the following criteria are met:**

- Student is registered in eRecruiting with the Career Management Center. (1011 Constant Hall)
- Completion of Task and Hours Journal, approved by supervisor, submitted to faculty sponsor, if required.
- Completion of a Summary Paper and Evaluations prior to the end of the semester, copies to faculty and CMC.

The course will be graded on a pass/fail basis. This contract may be terminated or amended by student, faculty sponsor, or internship supervisor at any time upon written notice, which is received and agreed to by all parties of the contract. As the student participant, I take full responsibility for the above requirements.

GPD Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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

Internship Supervisor: \_\_\_\_\_ Date: \_\_\_\_\_

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

Student is responsible for turning in completed Learning Contract to:  
 CBPA Career Management Center Satellite Office  
 1011 Constant Hall, Old Dominion University  
 Norfolk, VA 23529 Phone: (757) 683-5777 Fax: (757) 683-6166

