

College of Arts & Letters



Experiential Education Learning Contract

CONTACT INFORMATION

First Name

Last Name

UIN

ODU Email

Phone Alternate

Phone

POSITION INFORMATION

Intern/Co-op Site Web

Site

Supervisor Name Supervi

sor Email

Supervisor Phone Addre

ss

Hours/Week Rate/Hour Start

Date End

Date

Attach your position description, offer letter, or describe in detail your intern/co-op role and responsibilities on the back of this form; list duties, projects, learning goals to be completed, deadlines, etc.

ACADEMIC AGREEMENT

Major

Semester

Year

Faculty

Subject

Course#

CRN#

Credits

A pass/fail grade for this course will be issued only if the following criteria are met:

- Approved as internship ready in CareerLink
- Completion of required hours in the Internship/Co-op position as required by major
- Completion of Task and Hours Journal, approved by supervisor, submitted to faculty advisor as required by major
- Completion of a Summary Paper and Evaluations
- F-1 Visa holders must follow Curricular Practical Training Checklist and submit the required forms

As the student participant in the Experiential Education Program, I take full responsibility for the above requirements.

Student Signature/Date Colle

ge Liaison/Date

Supervisor Signature/Date Faculty

Signature/Department