

College of Business & Public Administration



Experiential Education Learning Contract

CONTACT INFORMATION

First Name

UIN

Phone

Last Name

ODU Email

Alternate Phone

POSITION INFORMATION

Intern/Co-op Site

Supervisor Name

Supervisor Phone

Hours/Week

Rate/Hour

Web Site

Supervisor Email

Address

Start Date

End Date

How did you hear about your internship/co-op?

Use a separate sheet to describe the responsibilities of your internship, including duties, projects, what kind of instruction, assistance, and supervision you will 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.

ACADEMIC AGREEMENT

Major

Faculty

Semester

Year

Subject

Course#

CRN#

Credits

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

- Completion of required hours in the Internship 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. (<http://www.odu.edu/ao/cmc/bu/index.shtml>)

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

Student Signature/Date

College Liaison/Date

Supervisor Signature/Date

Faculty Signature/Department

Please print for signatures and submit completed contract to:

CBPA Career Management Center Satellite Office
Old Dominion University, 1011 Constant Hall
Norfolk, Virginia 23529