

Frank Batten College of Engineering & Technology



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

Supervisor Email

Supervisor Phone

Address

Hours/Week

Rate/Hour

Start Date

End Date

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

Use a separate sheet to describe the responsibilities of your internship/coop, 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, peer group, discussion field trips, observations, etc., you will make and carry out which will help you meet your learning objectives.

ACADEMIC AGREEMENT

Major

Semester

Year

Faculty

Subject

Course#

CRN#

Credits

Credit for this internship/coop experience will be used to satisfy the following academic requirement:

Credit for this course will be issued only upon completion of the required final report and evaluations. The course will be graded on a pass/fail basis. This contract may be terminated or amended by student, faculty advisor, or Career Management Center representative at any time upon written notice, which is received and agreed to by all parties of the contract. As the student participant in the CAP program, I take full responsibility for the above requirements.

Student Signature/Date

College Liaison/Date

Supervisor Signature/Date

Faculty Signature/Department/Date