

College of Sciences

Experiential Education Learning Contract

For Internship, Practicum, and Co-op



CONTACT INFORMATION

First Name

UIN

Phone

Last Name

ODU Email

Alternate Phone

POSITION INFORMATION

Intern/Practicum/Co-op Site

Supervisor Name

Supervisor Phone

Hours/Week

Rate/Hour

Web Site

Supervisor Email

Address

Start Date

End Date

IMPORTANT: Attach your position description (or detailed list of your role and responsibilities) to this form. List duties, projects, learning goals to be completed, etc. as appropriate. A job offer letter may be substituted if it includes this information. It will help the academic department determine if the position is appropriate for your major or minor.

ACADEMIC AGREEMENT

Major/Minor

Faculty

Semester

Year

How did you hear about this position?

FOR COURSE REGISTRATION ONLY

Subject	Course#	CRN#	Credits
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

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

- Registered in eRecruiting and considered 'CAP Authorized'.
- Completed required hours in the Internship/Practicum/Co-op position as required by major.
- Completed and submitted Work Report, Reflection Paper, or Journal, as required by major.
- Completed and submitted Student Satisfaction Survey and Supervisor Rating Scale.
- Completed and submitted an updated resume.

IMPORTANT: F-1 Visa holders must follow the Curricular Practical Training Checklist and submit the required forms. In the event this contract is amended, written notice and approval are required.

Student Signature

Date

Supervisor Signature

Date

College Liaison

Date

Faculty Signature/Department

Date