Graduate Teacher Program & Career Services: Professional Development Certificate, Business, Government, Industry or the Arts Internship Learning Plan
University of Colorado at Boulder

This agreement must be completed, signed and returned to Graduate Student Career Program Coordinator in Career Services. This sponsorship includes Workers' Compensation insurance coverage by the University of Colorado for *non-paid internships.* Completion of this agreement is also necessary to ensure a high quality experience and satisfaction among all parties.

Make sure that you read the responsibilities under this agreement at the end of the Internship Learning Plan, print everything out, obtain the required signatures, and submit the form.

Questions should be directed to the Valentine Roché at 303-492-0520.

STUDENT INFORMATION

Last Name_____ First Name_____ Student #: _____

E-mail_____ Phone_____

Address_____ City_____ State____ Zip_____

Class Standing_____ College/School _____

Major _____ Degree_____

Expected Graduation Date _____

_____

EMPLOYER INFORMATION

Employer_____

Supervisor_____Supervisor's Title_____

E-mail_____ Phone_____

Address_____ City_____ State____ Zip_____

_____

INTERNSHIP INFORMATION

Position Title _____

Beginning Date_____ Ending Date_____

Salary $_____/Hour/Week/Month

_____ Hours per Week _____ Total Hours

Position Description_____
Describe the nature of your position and/or your duties.

Educational Objectives_____
What do you hope to learn from this experience?

Learning Activities_____
How are you going to accomplish your educational objectives? Discuss projects, readings, writings, etc.

Self-Evaluation_____
How will you evaluate the learning experience? What evidence will you provide to document your accomplishments?

Work Supervisor Evaluation_____
How will your supervisor evaluate you? ___ Monthly ___ Biweekly ___ Other
What evaluation method does s/he plan to use?

RESPONSIBILITIES UNDER THIS AGREEMENT

When signing this agreement, you agree to assume the responsibilities listed for your role.

I, the Internship student, agree to:

1. Perform to the best of my ability those tasks assigned by my supervisor that are related to my learning objectives and the responsibilities of this position.
2. Follow all the rules, regulations, and normal requirements of the employer's organization.
3. Notify Career Services of any changes I need to make in this plan or of any problems that develop during the placement.
4. Write a professional portfolio that includes a narrative or reflective essay that places the internship in the context of the intern's personal and professional development.

_____

I, the Employment Supervisor/Mentor, agree to:

1. Provide the necessary orientation, training, precautionary safety instructions, supervision, and evaluation in the performance of the position duties and responsibilities as listed above.
2. Upon completion of the internship, write a formal evaluation of the intern taking in to account the goals of the internship, the project, the presentation, the intern's work and accomplishments during the internship.

_____

I, the Graduate Student Career Program Coordinator, agree to:

1. Act as a liaison between the student and the employing organization.
2. Assist the student and employment supervisor in resolving any problems or difficulties that may arise.
3. Help student to write plans that specify measurable learning objectives when requested.

_____

The student, employer, and Career Services agree to assume these responsibilities for the duration of the student's placement. The Internship Learning Plan must be completed in order for Career Services to endorse the student's placement and for the placement to be considered "sponsored" by the University of Colorado at Boulder.

Please secure signatures in sequence.

Your signature means that you have read and agreed to this plan.

1. Student _____ Date _____

2. Work Supervisor _____ Date _____

3. Graduate Student Career Program Coordinator _____ Date _____

Career Services - University of Colorado at Boulder
Willard Administrative Center – Valentine Roché 303-492-0520

If all the information is complete, print the Internship Learning Plan, then obtain the necessary signatures, and return to Valentine Roché, Career Services. The Internship Learning Plan must be completed and signed before the internship is eligible for Worker's Compensation.