Internship Learning Agreement

Student: ________________________

Local Address
__________________________________________________________
__________________________________________________________

Employer: ______________________

Employer Address
__________________________________________________________
__________________________________________________________

Internship Title
__________________________________________________________

KCC Supervisor
__________________________________________________________

Supervisor (Intern Site)
__________________________________________________________

Site Supervisor’s Phone Number
__________________________________________________________

Work Period: From ___/___/___ To ___/___/___

Duties and Responsibilities:
________________________________________________________________
________________________________________________________________
________________________________________________________________
________________________________________________________________

□ Unpaid
□ For Pay Hourly Rate: __________
□ For Stipend Amount: __________
□ For Credit Only
□ Other Compensation
### Learning Expectations
(Knowledge or skills that I want to gain)

1. Academic/Technical
   a. ______________________________
      ______________________________
      ______________________________
      ______________________________
      ______________________________
   b. ______________________________
      ______________________________
      ______________________________
      ______________________________
      ______________________________
   c. ______________________________
      ______________________________
      ______________________________
      ______________________________
      ______________________________

2. Organizational
   a. ______________________________
      ______________________________
      ______________________________
      ______________________________
      ______________________________
   b. ______________________________
      ______________________________
      ______________________________
      ______________________________
      ______________________________

3. Personal
   a. ______________________________
      ______________________________
      ______________________________
      ______________________________
      ______________________________

### Learning Outcomes/Evaluation methods
(How will I demonstrate that I have reached my expressed Learning expectations)

1. Academic/Technical
   a. ______________________________
      ______________________________
      ______________________________
      ______________________________
      ______________________________
   b. ______________________________
      ______________________________
      ______________________________
      ______________________________
      ______________________________
   c. ______________________________
      ______________________________
      ______________________________
      ______________________________
      ______________________________

2. Organizational
   a. ______________________________
      ______________________________
      ______________________________
      ______________________________
      ______________________________
   b. ______________________________
      ______________________________
      ______________________________
      ______________________________
      ______________________________

3. Personal
   a. ______________________________
      ______________________________
      ______________________________
      ______________________________
      ______________________________
Revision of Learning Contract:

TO THE EMPLOYER/SUPERVISOR: You are encouraged to provide meaningful feedback that will aid the student in meeting the learning objectives specified. When the objectives are, in your opinion, not appropriate to the student’s internship experience, you may assist the student in identifying new objectives or revising those stated.

A. Modification or deletion of initially proposed objectives. Please specify:
____________________________________________________________________
____________________________________________________________________
____________________________________________________________________
____________________________________________________________________

B. New objectives identified as a result of the student/supervisor discussion. Please specify:
____________________________________________________________________
____________________________________________________________________
____________________________________________________________________
____________________________________________________________________

Kingsborough Community College Supervisor:
I agree with all components of this Learning Contract, having discussed the learning contract with the student and provided appropriate recommendations. In my judgment, the student is adequately prepared to meet the terms of the contract, and I agree to work with the student to ensure that objectives, strategies, and learning outcomes of the internship are carried out. I agree to see that all parties are aware of their responsibilities and obligations while participating in the internship experience. I agree to assist the employer with appraisals. I agree to constantly strive to improve the program by seeking suggestions from all parties. I will comply with Kingsborough’s policy to provide work experience opportunities without regard to race, color, national or ethnic origin, disability, religion, age, gender, sexual orientation, alienage or citizenship, veteran or marital status, genetic predisposition or carrier status or disability.

Student:
I agree with all components of this Learning Contract, will work towards the objectives, pursue the strategies, and complete the outcome measures to the best of my ability. I will give my employer as much advance notice as possible if I am unable to report for work, or if I cannot report to work on time.

I will comply with a reasonable request, order or recommendation that my employer gives me, as long as I am not asked to do something that is dangerous or illegal. As a representative of
Kingsborough Community College, I realize my conduct is a reflection upon the entire Kingsborough Community and fulfilling the above obligations will be an important part of my training. I will adhere to the organizational rules, procedures and policies including the confidentiality of the organization and client information. I understand this experience is to be supervised by the KCC Supervisor and will be under the direct supervision of an authorized employee of the company. I understand that I must provide my own transportation to and from work and that Kingsborough Community College and the employer are in no way responsible for any incidents or accidents that may occur while I am going to or from the internship site.

I agree to allow the college to disclose relevant information to the internship (i.e., disciplinary records and status of enrollment/participation in the internship program).

Any violations of this agreement will result in disciplinary charges.

Site Supervisor:
I have read this Memorandum of Understanding, and attest that its components meet the standards and expectations for an internship with my organization. I agree that this internship experience will comply with all state, federal, and local labor laws. I agree to review the student’s job progress with him or her each week. I agree to provide periodic appraisals of the student’s performance on forms provided by the KCC Supervisor.
I agree that joint conferences will be held whenever two more parties feel it may be beneficial and for the following specific reasons:
  o To periodically review student’s job progress;
  o To discuss misunderstandings; and
  o To discuss reasons for termination of placement.

CIVIL RIGHTS STATEMENT: Cooperating employer agrees that the student will be accepted and assigned jobs and otherwise treated without regard to race, color, national or ethnic origin, disability, religion, age, gender, sexual orientation, citizenship, veteran or marital status, genetic predisposition or carrier status or disability.

We, the undersigned, agree to the terms and statement contained in this agreement.

KCC Supervisor Signature: ____________________________
Print/Type KCC Supervisor Name: ____________________________
Email: _______________________________________________
Date: ________________________________________________

Student Signature: ______________________________________
Print/Type Student Name: ____________________________
E-mail: _______________________________________________
Date: ________________________________________________

Site Supervisor Signature: ____________________________
Print/Type Site Supervisor Name: ____________________________
E-mail: _______________________________________________
Date: ________________________________________________