☐ Summer ☐ Fall ☐ Winter ☐ Spring International Students Only: CPT Consult? Yes ☐ No ☐ *For Office Use Only*: Date Submitted _____
20_____ - 20_____ Academic Year I grant permission to use my name and photos regarding the experience in ELC materials/website. Yes ☐ No ☐

RANDOLPH COLLEGE

EXPERIENTIAL LEARNING INTERNSHIP CONTRACT

PLEASE TYPE OR PRINT: Student Name _____ Date _____

Class Year _____ Campus Box #_____ Phone # _____

Major(s)_____ Concentration(s)_____

Home Address_____
(Street) (City) (State) (Zip)

Experiential Learning Organization_____ Telephone # _____

Organization Address _____
(Street) (City) (State) (Zip)

Name of On-Site Supervisor _____ Title _____

E-mail of On-Site Supervisor or Instructor _____

Hours per week you will be working_____ Number of weeks_____ Total Hours_____ Credit Hours to be earned_____ Cumulative GPA/QPR _____
Start Date of Internship _____ End Date of Internship _____

Internship Title: this will appear on your transcript and *may not be longer than 20 spaces*

I HAVE ATTACHED A FORMAL OFFER LETTER FROM THE EMPLOYER/ORGANIZATION (*required for international students)* ____Yes ____No

DESCRIPTION OF DUTIES, RESPONSIBILITIES AND EDUCATIONAL OBJECTIVE(S):.Describe your specific duties and responsibilities and how the project will contribute to your career planning. (Attach separate page if needed) _____

_____

_____

ACADMIC EVALUTION: If you will complete any assignments *in addition to* the Log of Activities, your Reflective Report, and the Student Evaluation, please indicate with a check mark what you must complete as part of the project. (This is to be determined with your faculty sponsor.)

__Related Reading __Portfolio __Oral Report __Other Special Project (describe) _____

Other courses for which you plan to register while engaged in Experiential Learning:

Department	Course Number	Credit hours

How often will you meet with your faculty sponsor during the semester/summer?
_____ Weekly _____ Once Per Month
_____ Bi-Weekly _____Other (*explain below)*
_____

Have you received academic credit previously for Experiential Learning, practicum, or independent study? _____ If yes, state title(s) and number of credit hours earned for each:
_____

OBTAIN ALL OF THE SIGNATURES BELOW

I understand that as a condition for enrollment in an Experiential Learning activity during the college year, *in addition to* the experiential learning project, I must be registered for a minimum of 12 hours exclusive of Physical Education activity courses, and have a minimum cumulative GPA of 2.3. I acknowledge that I have chosen to participate in the above referenced activity and have full knowledge of any risks that this activity presents, including travel to, participation in, and returning from the activity. I further understand and agree to assume responsibility for all risk of injury or death. I understand and agree to assume responsibility of all risk of theft, loss or damage of personal property which occurs at any time rising out of my participation in the activity.

_____Date_____ Telephone #_____
Student (Signature)

_____ Date_____
On-Site Supervisor or Instructor (Signature) /Print Name

Telephone_____ Email address_____

_____ Date_____ Telephone #_____
Faculty Sponsor (Signature) / Print Name

I have evaluated this project relative to the student's academic program and have determined that she/he is not taking another course on a pass/fail basis this semester. I can ensure that she/he has registered for a minimum of 12 hours exclusive of PE activity courses in addition to the EXL activity, and has a minimum cumulative GPA of 2.3.

_____ Date_____ Telephone # _____
Faculty Advisor (Signature**)** / Print Name

_____Date_____
ELC Coordinator (Signature)

For Office Use Only __ Internship Database __On-Site Supervisor __Registrar __Faculty Sponsor __Student