

**RANDOLPH COLLEGE
 EXPERIENTIAL LEARNING INTERNSHIP CONTRACT**

PLEASE TYPE OR PRINT: Social Security Number _____ Date _____
 Student Name _____ Class _____ Campus Box # _____ Campus Phone # _____
 Major(s) _____ Concentration _____
 Home Address _____
 (street) (city) (state) (zip)
 Experiential Learning Organization _____ Organization Telephone # _____
 Organization Address _____
 (street) (city) (state) (zip)
 Name of On-Site Supervisor _____ Title _____
 Hours per week you will be working _____ Number of weeks _____ Total Hours _____ Credit Hours to be earned _____ Cumulative GPA/QPR _____

Internship Title which will appear on your transcript (20 spaces only)

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DESCRIPTION OF DUTIES AND RESPONSIBILITIES: *Please write the description on a separate sheet of paper. Describe your specific responsibilities and duties and how the project will contribute to your career planning.*

DESCRIBE THE EDUCATIONAL OBJECTIVE OF THE INTERNSHIP _____

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: _____

Are you receiving pay for this work? _____ If so, explain: _____

How often will you meet with your faculty sponsor during the semester? _____ Weekly _____ Bi-Weekly _____ Three times during semester

ACADEMIC EVALUATION: If you are to complete any assignments IN ADDITION TO the Log of Activities, your written report about the project, and the On-Site Supervisor's evaluation, please check the basis on which you will be evaluated for the project. (This is to be determined with your faculty sponsor.)

___ Special project describe: _____

___ Related Reading ___ Portfolio ___ Oral Report

___ Other, describe: _____

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

Department	Course Number	Hours of Credit

OBTAIN ALL OF THE SIGNATURES BELOW:

I understand that as a condition for enrollment in an Experiential Learning Internship 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 courses.

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 arising out of my participation in the activity.

 Student (Signature) Date _____ Telephone # _____
 Email address _____

We have agreed to the terms of this project as described above.

 On-Site Supervisor (Signature) / Print Name Date _____ Telephone # _____
 Email address _____

 Faculty Sponsor (Signature) / Print Name Date _____ Telephone # _____
 Email address _____

I have evaluated this project relative to the student's academic program and have determined that she is not taking another course on a pass/fail basis this semester and that she has registered for a minimum of 12 hours exclusive of PE in addition to the EL Internship.

 Faculty Advisor (Signature) / Print Name Date _____ Telephone # _____
 Email address _____

 Internship Coordinator (Signature) Date _____