

Strome College of Business



Experiential Education Learning Contract

CONTACT INFORMATION

First Name

UIN

Phone

Last Name

ODU Email

Alternate Phone

POSITION INFORMATION

Intern/Co-op Site

Supervisor Name

Supervisor Phone

Hours/Week

Rate/Hour

How did you hear about your internship/co-op?

Web Site

Supervisor Email

Address

Start Date

End Date

Use a separate sheet to describe the responsibilities of your internship, including duties, projects, what kind of instruction, assistance, and supervision you will receive and from whom. Note what you intend to learn through this experience in specific and measurable terms and describe how your activities will enable you to meet your learning objectives. List reading, writing, contact with faculty sponsor, peer group, discussion, field trips, observations, etc., you will make and carry out which will help you meet your learning objectives. Students must enroll in 367, 368 or 369 in order to obtain academic credit for the experience.

ACADEMIC AGREEMENT

Major

Faculty

Semester

Year

Subject

Course#

CRN#

Credits

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

- Completion of required hours in the Internship position as required by major.
- Completion of Task and Hours Journal, approved by supervisor, submitted to faculty advisor as required by major.
- Completion of a Summary Paper and Evaluations.

(<http://www.odu.edu/content/dam/odu/offices/cmc/docs/bu-report-package.pdf>)

As the student participant in the Experiential Education Program, I take full responsibility for the above requirements.

Student Signature/Date

Faculty Sponsor/Date

Supervisor Signature/Date

College Liaison Signature/Date

**Please print for signatures and submit completed learning contract
and a job description or offer letter to:**

Career Development Services/Strome College of Business College-Based Office
Old Dominion University, 1011 Constant Hall
Norfolk, Virginia 23529