**WEST TEXAS A&M UNIVERSITY EXPERIENTIAL EDUCATION PROGRAM**

**CREDIT PROPOSAL/ LEARNING AGREEMENT**

This document establishes guidelines and identifies the educational objectives for this experiential learning opportunity. **Faculty from your department review this information to determine if the internship qualifies for academic credit.**

Student Name: Click or tap here to enter text. Buff ID#: Click or tap here to enter text.

Internship class you are proposing credit for: Choose an item.

Semester you wish to receive internship credit

[ ]  Spring 2025 [ ]  Summer 2025 [ ]  Fall 2024

*Please submit this proposal at least 2 weeks before the start of the semester you want credit. Summer internships are expected to last the full summer (10 weeks). Submit summer credit proposals prior to the beginning Summer 1.*

Academic advisor:Click or tap here to enter text.

Student Email: Click or tap here to enter text. Student Phone: Click or tap here to enter text.

Name of Sponsoring Site: Click or tap here to enter text.

Supervisor Name & Title: Click or tap here to enter text.
Address: Click or tap here to enter text.

Email: Click or tap here to enter text. Phone: Click or tap here to enter text.

Hours worked/week: Click or tap here to enter text. Hourly Wage: Click or tap here to enter text.

Start Date Click or tap to enter a date.End Date Click or tap to enter a date.

 **Job Description & Internship Goals** - Please give a brief job description & state at least three learning objectives (goals) the student and supervisor have developed for this internship.

Job Description (attach additional sheets if necessary)

Internship Goals (attach additional sheets if necessary)

*Define learning objective and then tasks to achieve that objective. Contact Career and Professional Development with questions.*

Faculty Signature: Date**:**

Employer Signature: Date:

Student Signature: Date:

 In consideration of the mutual benefits of the Experiential Education Program, WTAMU. The employer and the student agree as follows:

A. **EMPLOYER** agrees to:

1. Designate an individual to supervise the student and to serve as liaison between the employer and WTAMU.
2. In conjunction with the student and faculty, establish measurable learning objectives at the beginning of each work term.
3. Provide the student employment averaging Click or tap here to enter text.hours per week.
4. Pay a minimum salary of Click or tap here to enter text.per hour.
5. Notify the university of any change in the student's job duties and/or work supervisor.
6. Evaluate the student at least once per semester on a form provided by WTAMU Career and Professional Development Office.

B. **WTAMU** agrees to:

1. Provide a faculty coordinator to monitor the progress of placement if the student is approved for academic credit.
2. Make periodic contacts with the employer and student.
3. If the student is receiving credit, determine a grade and award college credit in designated courses for successful job performance and completion of related assignments.
4. Notify the employer if the student withdraws from the experiential education course and/or the **university.**

C. **STUDENT** agrees to:

1. Register for the appropriate course if approved for credit.
2. Work an average of Click or tap here to enter text.hours/week during the internship semester.
3. Develop a well-planned series of learning objectives, in conjunction with the faculty coordinator or intern staff and the employer. The objectives should be related to the goals of the student's instructional programs.
4. Immediately notify the Career and Professional Development office and faculty coordinator of any problems or changes in job responsibilities.
5. Abide by the regulations and policies of both the Experiential Education Program & the employer.
6. Remain employed the entire semester or risk the loss of credits.
7. Drop all credits if he/she leaves the Experiential Education program without the consent of the Career and Professional Development office or if he/she is discharged from the job prior to the completion of the required amount of time in the job.

**SIGNATURES**

We agree to comply with the terms and conditions of the Agreement.

For WTAMU/Date

For the Student/Date

For the Employer/Date

**Please return this form to:**

**Career and Professional Development in CC 113 or email it to Shelby Ford (****sford@wtamu.edu****) or to (****wtcareer@wtamu.edu****)**

Questions? Contact Shelby Ford, at sford@wtamu.edu, (806) 651-2345

**Revised 03/19/24**