

CREDIT PROPOSAL / LEARNING AGREEMENT

This document establishes guidelines and identifies the educational objectives for this experiential learning opportunity. Please be sure all information is complete and legible. **Faculty from your department will review this information and determine if the internship qualifies for academic credit.**

Student Name: _____ Buff #: _____

Internship class your are proposing credit for: _____

Semester you wish to receive credit: _____: _____

Email: _____ Phone: _____

Name of Sponsoring Site: _____

Supervisor Name & Title: _____

Address: _____

Email: _____ Phone: _____

Hours worked per week: _____ Hourly Wage: _____

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. Goals should be SMART--Specific, Measurable, Attainable, Relevant, Time-bound. Please attach additional sheets if necessary.

Job Description

Internship Goals

- 1.

- 2.

- 3.

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. The **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 _____ hours per week.
4. Pay a minimum salary of _____ per hour.
5. Notify the university immediately 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 Experiential Education Department.

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. The **STUDENT** agrees to:

1. Register for the appropriate course if approved for credit.
2. Work an average of _____ hours during each of the work terms.
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 Experiential Education 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 Experiential Education 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:

WTAMU Experiential Education Program * WTAMU Box 60728
Canyon, TX 79016 * Phone: (806) 651-2345 * Fax: (806) 651-2925

Questions? Contact Steve Sellars, Internship Coordinator,
at
ssellars@wtamu.edu, (806) 651-2345