Copies: Student, Faculty Supervisor, Employer, Registrar

FIN470 ~ FIN474 INTERNSHIP IN FINANCE STUDENT LEARNING CONTRACT

ELIZABETHTOWN COLLEGE Elizabethtown, PA 17022 (717) 361-1270

This learning contract seeks to:

- 1. Clarify internship positions/job titles, responsibilities, and duties on which both you and your employer have a mutual agreement and understanding;
- 2. Guide you to accomplish the personal goals that you set to accomplish during the internship;
- 3. Serves as an agreement between Elizabethtown College, your internship supervisor, your faculty supervisor, and yourself on the responsibilities and expectations set forth in the internship contract so that you have a smooth and fulfilled internship experiences.

Section I: Basic Information on the Internship

Student Name:		Student ID#:	
Major:	Minor:	GP	A:
Residential Address While on Assign	ment:		
Cell Phone:		Home Phone:	
Email:			
Emergency Contact:			
Name:	Relationship:	Phone:	
Faculty Internship Supervisor: <u>Dr. Ho</u>	ongsong Neuhauser		Department: Business
Internship Course Number:		Internship Course Credit:	
Employer:		Supervisor:	
Employer Contact Phone:			
Address of Employment:			
Job Title:			Paid □ Unpaid□

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Job Responsibilities/Descriptions:		
rie	ase include in detail, your role, duties, and responsibilities.	
Da	tes of Employment: From: Click or tap to enter a date.To: Click or tap to enter a date.	
Tot	tal Expected Number of Hours:	
	ction II: Learning Objectives and Strategies: Career/Occupational	
	a) Intended Goals	
	b) Strategies	
2.	Technical Skills/Knowledge	
	a) Intended Goals	
	b) Strategies	
3.	Personal Development Objectives a) Intended Goals	
	a) Interacted Gould	

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b) Strategies		
4. Organizational Activity Objectives		
a) Intended Goals		
b) Strategies		
Section III: Evaluations - Include your own	method and that of your supervisors and faculty sponsor.	
	shall serve to bind the student to the terms of this contract and on and satisfaction of said responsibilities in order to earn a grade	
Student Signature:	Date:	
Employer Signature:	Date:	
Faculty Supervisor Signature:	Date:	