SALEM COLLEGE INTERNSHIP CONTRACT

NOTE TO STUDENT: Before proceeding, please read all of the directions on the reverse side of this form. You are responsible for following all the directions as outlined. (Minimum 2.0 gpa required).

Name _____________________________ Date ____________________ Grade Point Average_________

Local Address ______________________________________ Local Phone _________________________

Address During Internship _______________________________________ Phone _________________

Type of Internship:
    ______January Experimental (Pass/No Credit)
    ______Departmental (Graded): Department & Course Number ___________________________

Title of Internship _____________________________ Number of Hours to be completed ______
(160 hours is recommended)

Starting date of internship __________________Ending date of internship __________________

Name of Agency/Organization ____________________________________________________________

Address of Internship Site ________________________________________________________________
    Street   City   State   Zip

Name/Title of Off-Campus Supervisor _____________________________ Phone ________________

Courses and related experiences that have prepared you for this internship: _______________
__________________________________________________________________________________________
__________________________________________________________________________________________

Learning Objectives: Please list at least three: ____________________________________________
__________________________________________________________________________________________
__________________________________________________________________________________________

Activities you will be engaged in during the internship: ________________________________
__________________________________________________________________________________________
__________________________________________________________________________________________

Methods of Evaluation: Required __X__ Off-Campus supervisor's Evaluation
Optional as determined by student and faculty sponsor: _______Developmental Journal
    ______Paper: Describe type and approximate length ______________________________________
    ______Other: Please describe: _____________________________________________________________

PLEASE SECURE THE APPROPRIATE SIGNATURES AS LISTED ON THE BACK OF THIS SHEET.
FOR JANUARY EXPERIMENTAL INTERNSHIP:

<table>
<thead>
<tr>
<th>Off-Campus Supervisor</th>
<th>Date</th>
<th>Intern</th>
<th>Date</th>
</tr>
</thead>
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<tr>
<td>Faculty Sponsor</td>
<td>Date</td>
<td>Academic Adviser</td>
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Training Session Facilitator | Date
(1st internship only)

FOR DEPARTMENTAL INTERNSHIP:

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Department Chair | Date
Training Session Facilitator
(1st internship only) | Date

Guidelines for Completing Internship Contract:

1. Meet with your faculty adviser to review internship requirements, your academic standing and program, as well as potential internship opportunities.

2. Discuss the possible internship with the appropriate faculty sponsor who will help you plan the tentative internship in terms of goals, activities and evaluation.

3. Meet with the off-campus supervisor, to determine the nature of the job and to complete the necessary information related to the internship site.

4. Secure the off-campus supervisor’s signature.

5. Meet with faculty sponsor to finalize the contract and secure the faculty sponsor’s signature.

6. **Attend a mandatory training session if this is your 1st Salem College internship. (new requirement)**

7. Secure other signatures as required to complete the internship contract.

8. Complete the Parent/Guardian and Student Release Forms (can be obtained from the Registrar’s Office).

9. Submit a copy of the completed contract to your faculty sponsor.

10. RETURN THE COMPLETED CONTRACT TO THE REGISTRAR’S OFFICE BY THE PUBLICIZED DEADLINE: YOUR REGISTRATION IS NOT COMPLETE UNTIL THE CONTRACT AND PARENT/GUARDIAN & STUDENT RELEASE FORMS HAVE BEEN SUBMITTED TO THE REGISTRAR.