

Westmont College
Internship Learning Agreement Form (ILAF)

955 La Paz Road
 Santa Barbara CA 93108-1089
 www.westmont.edu internship@westmont.edu

Internship Office
 805-565-6085
 Fax 805-565-6236

INTERN Information

Student Name				Email-Address			
Student ID#		Mail Stop (MS#)		Cell Phone Number		Campus Extension	
Major(s)/ Minors						Class Level	
Instructor Name						Campus Extension	
Academic Year		Term		Overall Units This Term Including This Internship		Prior Intern/Pract Units	
Select only ONE course from following:	Selected course (1.-3.) must match course registered for on WebAdvisor		2. Enter Major Code for Course:		3. Enter Major Code for *Serving Society GE Credit:		
	1. Course			-190	*Subject to Faculty Approval		-190SS

PLACEMENT Information

Organization			Enter Units		Zero	1	2	3	4	5
Street			Number of Internship Hours	Hrs/Wk	up to 2	3-4	6	9	12	15
City, State, Zip			Main Phone	Total Hrs	12	40	80	120	160	200
Site Supervisor			Director's Extension				Average Hours per Week			
Email-Address			Fax Number				Anticipated Number of Weeks			
Website URL			Compensation		If Paid Enter Rate or Total Amount				Anticipated Number of Hours	

Agreements and Signatures

STUDENT

I will endeavor to represent myself and my college well, and will abide by the relevant policies, procedures and ethical standards of the Organization.

Signature		Date	
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INSTRUCTOR

The student and I will communicate regularly to insure reasonable internship learning objectives are established, executed, and evaluated.

Method(s) of Evaluation: Term paper / Portfolio / Project
 Learning Plan / Contract Site visit Journal Other

Signature		Date	
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COMMENTS

DIRECTOR OF INTERNSHIPS

Final approval is granted by the Director of Internships. The Student Records Office will not register a student for an internship without this signature.

Signature		Date	
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FINAL DISTRIBUTION (AFTER REQUIRED SIGNATURES OBTAINED)

Original: Student Records Office for registration
 Photocopies: Internships Office Instructor Site Supervisor

SITE SUPERVISOR

On behalf of my Organization I agree:

- To enrich the Student's knowledge by orienting him/her to the occupation, the work setting, and the responsibilities relating to the Placement.
- To supply the Student with, and personally model, our policy against harassment and discrimination in the workplace.
- As the entity with influence over and responsibility for workplace safety, to extend Worker's Compensation to the Student in the event of an injury, just as would be extended to an ordinary employee. (Line through this item [#3] if no compensation.)
- To assume the normal legal liabilities associated with our business insofar as they may be affected by the internship.
- To contact the Instructor should problems arise.
- At or near the completion of the Assignment, to complete an evaluation of the Student's performance.

And for Placements for more than zero units: (as marked above)

- To review and approve the Student's learning plan.
- To regularly evaluate and offer feedback on the Student's progress, projects, and areas of growth, and to review progress on the learning plan.
- To delegate no more of the Student's time for routine clerical tasks (filing, copying, answering the phone, and keyboarding) than is necessary for fulfilling the learning plan.

Signature		Date	
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To the Site Supervisor: Westmont recognizes that your willingness to offer this opportunity to the Student represents an investment of time, energy and attention. Over and over again we have seen outcomes that are beneficial for the internship sites as well as for the Student, and we appreciate that you make this possible.