Westmont College

Internship Learning Agreement Form (ILAF)

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

Internship Office
805-565-6085
Fax 805-565-6236
internship@westmont.edu

INTERN INFORMATION (PLEASE PRINT OR TYPE)

Student Name (Last, First)				**Email-Address**			
Student ID#		**Mail Stop (MS#)**		**Cell Phone Number**		**Campus Extension**	
Major(s)						**Class Level**	
Instructor Name						**Campus Extension**	
Academic Year		**Term**	☐ Fall ☐ Spring ☐ Summer	**Overall Units This Term, Including Internship**		**Prior Intern/Pract Units**	

Check Box or Enter Major Code	☐ APP-190 ☐ APP-190SS	☐ APP-191SS **Serving Society** (zero unit)	☐ BIO-190SS ☐ BIO-191SS	_____-190 **Enter Major Code**	_____-190SS **Enter Major Code**	☐ PSY-196 **PSY Major**	☐ IS-190U **SF Urban**	_____-190U **Urban Major Code**

PLACEMENT INFORMATION (PLEASE PRINT OR TYPE)

Organization		**Circle Expected Number of Internship Hours**	Units	zero	2	3	4	5	
Street			Hours/Week	up to 2	6	9	12	15	
			Total Hours	12	80	117	156	195	
City, State, Zip		**Main Phone**				**Start Date**			
Site Supervisor		**Director's Extension**				**Average Hours per Week**			
Email-Address		**Fax Number**				**Anticipated Number of Weeks**			
Website URL	**Compensation** ☐ Hourly ☐ Stipend ☐ Unpaid	**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**	

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**	

DEPARTMENT CHAIR (REQUIRED ONLY FOR SF URBAN PROGRAM)

I have reviewed the SF Urban internship plan and agree that it meets the criteria established by the department for earning major credit/s.

Signature		**Date**	

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**	

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:

1. To enrich the Student's knowledge by orienting him/her to the occupation, the work setting, and the responsibilities relating to the Placement.
2. To supply the Student with, and personally model, our policy against harassment and discrimination in the workplace.
3. 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.)
4. To assume the normal legal liabilities associated with our business insofar as they may be affected by the internship.
5. To contact the Instructor should problems arise.
6. 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)**

7. To review and approve the Student's learning plan.
8. To regularly evaluate and offer feedback on the Student's progress, projects, and areas of growth, and to review progress on the learning plan.
9. 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**	

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.