



Internships/Practica allow students to gain academic credit for field experiences. Practica typically take place on-campus. Internships often occur off-campus and entail collaboration with an on-site supervisor who provides direction to the student and reports to the faculty member about the student's performance.

The Learning Agreement must be submitted to the Registrar's Office before the end of the add/drop period.

Learning objectives, Questions 1-7, must be typed.

Name _____ Date _____

LC ID _____ Major _____ Class level _____

Email _____ Phone # _____

Internship Site Information

Organization and site supervisor must be recorded. Address information may be omitted only for on-campus activities.

Organization _____ Site Supervisor _____

Phone # _____ Email _____

Address _____
Street City State Zip

Registration Information

- ▶ Check the department's course listings in the current year's catalog to determine whether or not the department offers internship courses (numbered 244 or 444). Credit cannot be granted for internships if the department does not currently have an internship course that has been approved by the Curriculum Committee.
- ▶ The level of the course (244 or 444) is determined by the faculty sponsor and reflects the depth and rigor of the course.
- ▶ The activity must be academically related to the department awarding credit.

Short Title of Internship/Practicum: _____

Title will be reflected on transcript – maximum of 22 characters, including spaces

Faculty Sponsor: _____ **Department:** _____

Semester and year of Internship/Practicum: Fall Spring Summer Year: _____

Type: Internship Practicum **Course number*:** 244 444

Compensation: Wage/Stipend: \$ _____ Unpaid Other Reimbursement: _____

Start Date (mm/dd/yyyy) _____ **End Date (mm/dd/yyyy)** _____

Dates of Internships/Practica must fall within a regular semester.

Total # of weeks _____ **Hours per week** _____ **Total hours completed during semester** _____
(Total weeks x Hours per week)

Grade type*: Letter Grade Credit/No Credit **Number of credits*:** 1 2 3 4

* Grade type, allowable credit hours and course level are dictated by the department's current course offerings. One credit hour may be awarded for every three hours of activity per week, over a 15 week semester (45 activity hours per credit). 1 credit = 45 hours. 2 credits = 90 hours. 3 credits = 135 hours. 4 credits = 180 hours.

Description of Internship/Practicum

Students should consult with the faculty sponsor to formulate this proposal. Please attach a typed response to the following questions (suggested length: 1-2 pages).

1. List your primary learning objectives in the areas of academic learning, professional learning, and personal learning.
 2. Describe what you hope to accomplish and learn from this experience.
 3. Provide a complete description of your specific responsibilities, projects, and/or tasks.
 4. Describe the type and frequency of the feedback you will receive from your site supervisor. When and how will your performance be evaluated?
 5. How will you demonstrate to your faculty sponsor what you have learned (i.e. paper, journal, project, portfolio, etc.). Be specific. Also include the date when work is due. It is recommended that for a written product, the length be commensurate with the amount of credit being granted.
 6. Describe your arrangements for contact with your faculty sponsor (meetings, email, phone, etc.).
 7. Faculty must submit documentation of the grading criteria. (This could be an explanation of assignment weighting or other criteria which explains how the academic component of the internship/practica will be evaluated.)
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AGREEMENT

Please note that Lewis & Clark College does not have software to authenticate digital signatures and they cannot be accepted.

Student: I agree with and accept the academic and work assignments within this agreement and attached documentation. I understand and will adhere to the registration procedure. I understand that an off-campus site may have additional requirements (e.g., confidentiality, criminal background check) and I agree to become familiar with their policies. I authorize my faculty sponsor to communicate with the off-campus site supervisor regarding my educational information that is pertinent to this internship.

Signature _____ Print Name _____ Date _____

Faculty Sponsor: I have determined that the student has fulfilled the necessary prerequisites for the above stated experience. I have discussed the academic component of this experience with the student and we have agreed upon the learning objectives as indicated above and in the attached documentation. I further agree to meet regularly with the student to discuss the experience. I will evaluate the student based on the student's performance at the site, ability to reach the learning objectives, and completion of written work, or other project.

Signature _____ Print Name _____ Date _____

Site Supervisor: I have discussed this experience with the student and we have agreed upon the assigned work components appearing above and in the attached documentation. I agree to provide assistance, training and consultation to the student in order to progress toward the learning goals and to meet with the student regularly.

Signature _____ Print Name _____ Date _____

Department Chair: I have reviewed the student's academic plan of study and support the student in pursuing this experience.

Signature _____ Print Name _____ Date _____