

# Internship Learning Agreement: Internship Site Supervisor

CJUS/IR/POLI 416: Internship Credit

To be filled out by site supervisor or appropriate site representative, signed by the student intern, and then returned to Dr. Andreea Mihalache-O'Keef via email at mihalache@roanoke.edu prior to start of student's internship.

Student Intern Name: \_\_\_\_\_  
Site Supervisor Name: \_\_\_\_\_ Phone (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_  
Email: \_\_\_\_\_  
Title/Dept.: \_\_\_\_\_  
Company Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Approximate Internship Dates: \_\_\_\_\_

## Primary Duties/Learning Objectives

Please include at least four specific intern learning objectives. The objectives can be project-based or can include a list of duties and what the intern should learn. Learning outcomes should be student-centered and measurable.

- 1.
- 2.
- 3.
- 4.

*Please add additional duties as appropriate on additional sheet if necessary.*

As a site supervisor for this internship, I agree to

- clearly discuss the requirements of the internship with the student intern including expectations regarding professionalism and timeliness;
- provide at least 120 hours of work throughout the internship experience;
- work with the intern to complete on-site goals, duties and learning objectives;
- provide a learning experience for applying knowledge gained in the classroom. It must not simply be to advance the operations of the employer or be the work that a regular employee would routinely perform;
- refer to the Department of Labor fact sheet #71 for internship rules and regulations under *The Fair Labor Standards Act*: <http://www.dol.gov/whd/regs/compliance/whdfs71.htm>;
- provide ongoing supervision and feedback to the intern on his/her performance;
- provide resources, equipment, and facilities to support learning and meet goals;
- communicate quickly with Dr. Mihalache-O'Keef if there is a difference in expectations between the site supervisor and the intern;
- talk with Dr. Mihalache-O'Keef and/or meet with him during a site visit;
- complete an evaluation of the intern's performance and attitude.

Site Supervisor Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Student Intern Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*Our academic institution greatly appreciates your participation in our internship program. Your role is integral to the student's internship experience and success!*

*Please keep a copy of this form for your records.*