University of Michigan-Flint, Public Health & Health Sciences
LEARNING CONTRACT

This contract ensures that the student intern, Field Supervisor(s) and the Department Internship Program Coordinator understand and agree upon the expectations for this internship.

Student Name_________________________ Major_________________________ Circle one: Grad / Undergrad

Circle one: UM-Flint student / Lansing University Center student

UMID ________________ Phone ____________________ UM-Flint Email __________________________

Field Supervisor Name_________________________ Title ________________________________

Field Supervisor Agency/Organization/ Dept. _____________________________________________

Field Supervisor Phone ______________ Fax ______________ Email _________________________

Field Supervisor Mailing Address ______________________________________________________

UM-Flint Internship Program Coordinator Phone: (810) 762-3172  Fax: (810) 762-3003  Email sselig@umflint.edu

The internship is for ___ contact hours (3 cr. = 150 contact hours / 6 cr. = 300 hours contact hours).

INTERNSHIP SCHEDULE

Begins ___/___/___  Ends ___/___/___  Planned Absences _________________________________

For which semester do you intend to register? Please circle one: Spring / Summer / Fall / Winter ______
If you are unsure which semester to register for, please ask!

(year)

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<th>WEDNESDAY</th>
<th>THURSDAY</th>
<th>FRIDAY</th>
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<td>Hours:</td>
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INTERNSHIP GOALS/LEARNING OBJECTIVES: (Attach additional sheet if necessary)

____________________________________________________________________________________

____________________________________________________________________________________

____________________________________________________________________________________

PLANNED EXPERIENCES/PROJECTS: (Attach additional sheet if necessary)

____________________________________________________________________________________

____________________________________________________________________________________

____________________________________________________________________________________

____________________________________________________________________________________

(Continued on Back)
The Intern agrees to the following:

1. To work on the days and at the times agreed upon with my Field Supervisor.
2. To demonstrate professionalism in behavior, dress and appearance and to maintain confidentiality.
3. To conform to any specific regulations/policies of the organization in which I am working.
4. To notify my Field Supervisor if I will be absent.
5. To keep the required log (including activities and hours).
6. To provide the Internship Coordinator and Field Supervisor a written evaluation of my internship experience after completion of first 50 hours. Evaluation should include responses to:
   1. Do you need more assignments than you have been given?
   2. Do you feel that you are getting the right amount of supervision?
   3. What additional skills can you bring to your internship?
7. To notify the Internship Coordinator should any problems or concerns arise.
8. That the work performed in the internship is an integral part of the Intern’s course of academic study.
9. That he/she is not entitled to a job or employment with the Field Supervisor at the completion of the internship.
10. That he/she is not entitled to wages or compensation for the time spent in the internship.

The Field Supervisor agrees to the following:

1. Provide an internship experience to include the goals/objectives/skills and projects described on the Learning Contract.
2. Provide oversight of Intern’s projects, duties, and performance.
3. Provide an interim assessment of intern and discuss results with Intern.
5. Notify Internship Program Coordinator if problems arise with the student intern.
6. If internship is conducted at place of employment, internship activities will be different than job duties/activities and not conducted during paid working hours.

I have read this document and the online internship guide and I am clear about our mutual expectations. I understand that violation of this agreement or unprofessional behavior while at internship site may result in termination of the internship.

__________________________________________  __________________________
Field Supervisor  Date

__________________________________________  __________________________
Student  Date

__________________________________________  __________________________
Internship Coordinator  Date

Please return this form to: Public Health & Health Sciences 3124 WSW  Fax: 810-762-3003  E-mail: PHHS-Info@umflint.edu