University of Michigan-Flint, Public Health & Health Sciences
PHS 590 GRADUATE INTERNSHIP 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 _____

(year)

If you are unsure which semester to register for, please ask!

MONDAY TUESDAY WEDNESDAY THURSDAY FRIDAY SATURDAY

Hours: ______ ______ ______ ______ ______ ______

INTERNSHIP LEARNING OBJECTIVES & COMPETENCIES TO ADDRESS: (List competencies on last page)

_____________________________________________________________________________________

_____________________________________________________________________________________

_____________________________________________________________________________________

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

_____________________________________________________________________________________

_____________________________________________________________________________________

_____________________________________________________________________________________

_____________________________________________________________________________________

Last revised 2.15.16
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
COMPETENCIES TO ADDRESS

Reference the MPH Handbook for the Core MPH Competencies and identify at least three of the Core competencies you anticipate addressing and how you will do so through your internship experience:

1.

2.

3.