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 / **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!*

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<th>MONDAY</th>
<th>TUESDAY</th>
<th>WEDNESDAY</th>
<th>THURSDAY</th>
<th>FRIDAY</th>
<th>SATURDAY</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)

___________________________________________________________________________________

___________________________________________________________________________________

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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 manner, dress and appearance and 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 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 internship guide and I am clear about our mutual expectations. I understand that violation of the agreement or the items outlined in the guide may result in termination of the internship.

_________________________________________ Date
Field Supervisor

_________________________________________ Date
Student

_________________________________________ Date
Internship Coordinator

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