



Maxine Goodman Levin  
School of Urban Affairs

LEVIN COLLEGE OF PUBLIC AFFAIRS AND EDUCATION

### UST 690 Graduate Internship Learning Contract and Educational Plan

**Contact Information** (To be completed by the student)

Student Name: \_\_\_\_\_ CSU ID: \_\_\_\_\_

Major/Concentration: \_\_\_\_\_

Telephone: \_\_\_\_\_ CSU Email: \_\_\_\_\_

Semester and Year of Internship: \_\_\_\_\_ Credit Hours: \_\_\_\_\_

Agency Name: \_\_\_\_\_

Agency Address: \_\_\_\_\_

Agency Phone: \_\_\_\_\_ Agency Fax: \_\_\_\_\_

Agency Website: \_\_\_\_\_

Internship Supervisor: \_\_\_\_\_

Supervisor Title: \_\_\_\_\_

Supervisor Telephone: \_\_\_\_\_ Supervisor Email: \_\_\_\_\_

**Description of Internship**

Agency Purpose and Description: Describe the agency and its services.

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**Position Description:** Describe your duties and responsibilities as an intern or attach a job description.

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**Internship Skills:** What skills or knowledge are required to complete this internship?

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**Projects & Activities:** Will the internship focus on a specific project or activity for the agency? This may also be stated in the internship position description.

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Specific Expectations: Will the internship produce tangible products such as memos, maps, charts, websites, reports, plans, or presentations that the intern will help produce? Please describe.

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**Internship Schedule**

The internship begins on \_\_\_\_\_ (start date)

The internship ends on \_\_\_\_\_ (end date)

Proposed work schedule:

**Day**                      **Time**

Monday: \_\_\_\_\_

Tuesday: \_\_\_\_\_

Wednesday: \_\_\_\_\_

Thursday: \_\_\_\_\_

Friday: \_\_\_\_\_

Total hours per week: \_\_\_\_\_

*Interns must complete 75 internship hours per credit hour of UST 690.*

**Learning Plan** (To be completed by the student)

Description of internship goals and learning objectives. (Which activities of the organization would you like to learn about and/or what specific knowledge would you like to gain?)

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How will the work experience allow you to meet your goals and learning objectives?

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What types of skills would you like to develop or improve during the internship?

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**Internship Duties** (To be completed by the supervisor)

How will the assigned project(s) help achieve the intern's learning objectives?

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How will day-to-day supervision be provided?

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Please indicate the desired skills needed to complete the project:

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## Expectations

### The student intern understands and agrees that they must:

- Secure an internship opportunity that fits their academic and career goals.
- Arrange transportation to and from the internship.
- Be punctual and conscientious in their attendance for the duration of the internship. The student will notify the supervisor in advance if they are unable to participate.
- Complete 75 internship hours per credit hour of UST 690.
- Prepare a professional portfolio by completing assignments in the online course associated with UST 690 enrollment.
- Consider as confidential all information concerning other people, clients, employees, and agencies/organizations.
- Display a high degree of professionalism in all aspects of the work experience.
- Notify the Faculty Internship Supervisor/Instructor at the Levin School of Urban Affairs of any problems, emergencies, safety hazards, concerns, or suggestions regarding their activities.
- Complete and return Student Evaluation of Internship prior to the end of the semester in which the internship occurs.
- Receive a satisfactory Agency Evaluation of Intern from the host site supervisor.

### The Agency and Internship Supervisor understand and agree that they are expected to:

- Orient the student to the overall operation of the agency and its role in addressing social issues and needs.
- Designate a qualified person to supervise the student's time, activities, and evaluation.
- Introduce the student to appropriate staff and orient them to assigned tasks and roles.
- Provide adequate initial direction to the student so that they feel comfortable with the assignment and can proceed with appropriate independence.
- Assist the faculty advisor in assessing internship performance by completing a final evaluation form supplied by the School of Urban Affairs.
- Contact the School of Urban Affairs should a problem arise with the student's performance.
- ***Immediately notify the School of Urban Affairs if the intern is terminated for any reason.***

## Authorizing Signatures

I have reviewed the Internship Learning Contract and understand that academic credit is granted for knowledge acquired through work-related learning, as evidenced by successful and timely completion of the forms and assignments outlined in the Learning Agreement and UST 690 course syllabus.

Student Signature \_\_\_\_\_ Date \_\_\_\_\_

I have reviewed the above Internship Learning Contract and agree that it describes the planned internship experience.

Supervisor Signature \_\_\_\_\_ Date \_\_\_\_\_

I have developed the above Learning Agreement in consultation with the student. I agree to work with the student to facilitate the success of the internship.

**Faculty Internship Supervisor/Instructor** \_\_\_\_\_ **Date** \_\_\_\_\_

**Please Return To:**

Public Affairs Student Services Center  
Maxine Goodman Levin School of Urban Affairs  
**Mail:** 2121 Euclid Avenue, UR 205, Cleveland, Ohio 44115  
**Campus Location:** 1717 Euclid Avenue, UR 205 Cleveland, Ohio 44115  
**Email:** [urbaninternships@csuohio.edu](mailto:urbaninternships@csuohio.edu)