



# Contract for Undergraduate Internship/Practicum

Name \_\_\_\_\_ Student ID# \_\_\_\_\_

Phone \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Faculty Liaison Name: \_\_\_\_\_

Date \_\_\_\_\_ Continuing Ed: YES\*  NO   
\*if yes AVP DGCE approval required

Major \_\_\_\_\_ School: SSTH  SHSS  ELIS

Course number and name: \_\_\_\_\_ # of credits \_\_\_\_\_

Semester \_\_\_\_\_ (term) \_\_\_\_\_ (year) Total internship hours expected: \_\_\_\_\_  
(42 Hours for 1 credit)

Pages 4-6 should be used for initial, midterm, and final information and assessment.

**Description of the internship (goals, objectives, etc.)**

**Description and Methods by which Internship credits are to be acquired:**

**Assessment/grading procedures**

Worcester State University's \_\_\_\_\_ (Department Name) and \_\_\_\_\_ (Agency Name) agree to collaboratively offer Internship training from \_\_\_\_\_ to \_\_\_\_\_ (Dates). This signed document indicates that in all good faith the \_\_\_\_\_ (Agency Name), Worcester State University and the student Intern agree to mutually participate in a semester long training partnership. Responsibilities will include the following terms and conditions:

**I. RESPONSIBILITIES OF WORCESTER STATE UNIVERSITY FACULTY LIAISON:**

**NAME:** \_\_\_\_\_

1. The Faculty Liaison will work with the Agency Supervisor to plan three (3) contacts/visits as appropriate and mutually agreed upon.
2. The Faculty Liaison and Agency Supervisor shall provide ongoing contact with the Student Intern during which the Student Intern will discuss his/her work and both the WSU Faculty Liaison and Agency Supervisor will provide consultation and assistance.
3. The Faculty Liaison will withdraw a Student Intern from the site if, after consultation with the Agency Supervisor, the Faculty Liaison determines this decision is appropriate.
4. The Faculty Liaison will maintain the student records necessary for documenting the Student's Internship.
5. Other:

**II. RESPONSIBILITIES OF THE AGENCY SUPERVISOR:**

**NAME:** \_\_\_\_\_

1. The Agency Supervisor will provide supervised internship experience as defined by the department associated with the internship. Supervision will include training, team support and oversight as needed.
2. The Agency Supervisor will provide the Student with adequate resources –including a safe and secure work environment.
3. The Agency Supervisor agrees that he or she will abide by all applicable federal, state and local laws, rules, and regulations in effect as of the date of this Agreement.
4. Other:

**III. RESPONSIBILITIES OF THE STUDENT INTERN:**

**NAME:** \_\_\_\_\_

1. The Student Intern agrees to provide services consistently during designated days/times as agreed upon by the Student Intern, Agency Supervisor, and Worcester State University Faculty Liaison.
2. The Student Intern will be punctual without exception and remain throughout the agreed upon time.
3. The Student Intern agrees to comply with communications (i.e.: email. Phone) promptly.
4. The Student Intern will present him/herself at all times professionally as appropriate to the internship site culture.

- 5. The Student Intern will complete 42 hours per Internship credit hour.
- 6. Other:

**Internships and Professional Experiences:** Matriculated students in good academic standing are eligible for internship placement if they meet departmental requirements for such placement. The internship must be monitored and evaluated by the appropriate Worcester State department and a grade awarded at its completion. Students must be actively involved in the development of an internship placement and should contact the faculty sponsor in the semester prior to the proposed internship. The internship contract sets forth the responsibilities of each party so that each understands his or her specific role in the educational field experience. Note the following: No more than 12 units of internship credit may count toward a degree; Students undertaking internships must be in good academic standing; Only juniors and seniors may undertake internships; A copy of the student's internship contract with the sponsoring department must be filed with the Registrar's Office; Students are responsible for providing their own transportation for off-campus learning experiences. *(see WSU Undergraduate Studies Catalog for full text, and additional details)*

**Student:** I have carefully read the Internship Guidelines in the WSU Catalog and Internship Policy and agree to fulfill all requirements to receive academic credit (42 hours of Internship is equivalent to one [1] credit hour). This would include meeting time for class seminar or meetings with WSU faculty Liaison.  
 (Please check box)

**Student's signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
**Address:** \_\_\_\_\_ **Phone number:** \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
**Email:** \_\_\_\_\_

As faculty sponsor, I agree to monitor the internship, including site visits, student meetings and/or supervisor discussion. I agree to evaluate and integrate it into the student's overall educational program and grant \_\_\_\_ credits for the internship experience.

**Faculty Liaison signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
**Printed name:** \_\_\_\_\_  
**Phone number:** \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
**Email:** \_\_\_\_\_

As agency supervisor of the student intern, I agree to guide and evaluate his/her work and relate the experience to the intern's academic program.

**Agency Supervisor signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
**Printed Name:** \_\_\_\_\_  
**Address:** \_\_\_\_\_  
**Phone number:** \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ **Email:** \_\_\_\_\_

<b>Department Chairperson</b>	<b>School Dean</b>
<b>Signature of Approval:</b> _____	<b>Signature of Approval:</b> _____
<b>Date:</b> _____	<b>Date:</b> _____

**AVP DGCE** (if continuing education or graduate study): \_\_\_\_\_ **Date:** \_\_\_\_\_

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



# Internship Record Form

1. Initial contact held at which the Professional Standards, Student Learning Outcomes, and the procedures for evaluation were explained to the Student Intern.			
Date:	Student Intern:	WSU Faculty Liaison:	Agency Supervisor:
2. Contact held midway through the internship at which the Student Intern's progress toward completion of internship requirements was discussed.			
Date:	Student Intern:	WSU Faculty Liaison:	Agency Supervisor:
3. Final contact held to complete evaluation and to allow the Student Intern the opportunity to raise questions and make comments.			
Date:	Student Intern:	WSU Faculty Liaison:	Agency Supervisor:

**NOTE:**

The WSU Internship Policy calls for at least three (3) contacts to be conducted in the course of the internship. Documentation of these contacts is to be kept in the academic department.

This template, or one of the academic department choosing, can be used to document these contacts.



# Internship Form

To be completed by the end of the internship

<b>Part 1 – To be completed by the Student Intern</b>		Student ID#:	
<input type="checkbox"/> School of Education, Health, and Natural Science		<input type="checkbox"/> School of Humanities and Social Sciences	
First Name:		Last Name:	
Street Address:			
City/Town:		State:	Zip:
Sponsoring Organization:			
WSU Program:			
Internship or Equivalent Course Number:			Credit hours:
Internship Course Title:			
Internship Site:		Address:	
Total Number of Internship Hours:			

<b>Part 2 – To be completed by the WSU Faculty Liaison</b>	
The Student Intern completed an Internship designed by the Sponsoring Organization as partial preparation for the following program: Student intern's Major or Program:	
WSU Faculty Liaison Name:	Date:
Agency Supervisor:	Date:
Mediator (if necessary see: 603 CMR 7.04(4))	Date:
To the best of my knowledge (per the Agency Administrator/Evaluator) the Agency Supervisor has received a summative evaluation rating of proficient or higher in his/her most recent evaluation in the workplace. <input type="checkbox"/> Yes <input type="checkbox"/> No	

<b>Part 3 – To be completed by the Agency Supervisor</b>	
Name:	Position:
Agency:	
License/credential if required:    _____ Initial    _____ Professional	# of years of experienced in the position:



# Internship Completion Verification Form

*(This form should be completed by the Agency Supervisor and returned to the WSU Liaison.)*

The Purpose of this letter is to verify that \_\_\_\_\_ [print name] has completed a supervised and mentored internship at \_\_\_\_\_ [Agency Name], of \_\_\_\_\_ [Number] hours in the role of \_\_\_\_\_ [Explanation].

The internship was completed at \_\_\_\_\_ [Site Name and Location].

The internship began \_\_\_\_/\_\_\_\_/\_\_\_\_ [MM/DD/YYYY] and ended on \_\_\_\_/\_\_\_\_/\_\_\_\_ [MM/DD/YYYY].

It was supervised by \_\_\_\_\_ [Name of WSU Faculty Liaison]

and mentored by \_\_\_\_\_ [Name of Agency Supervisor].

The above noted internship was successfully completed as attested by my signature:

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

Position: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_ - \_\_\_\_ - \_\_\_\_

**Comments:** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_