

# University of Kentucky Internship Program LEARNING CONTRACT

James W. Stuckert Career Center University of Kentucky  
408 Rose Street, Lexington, KY 40506-0494 Phone (859) 257-2746 Fax (859) 323-1085  
<http://www.uky.edu/careercenter/internships>

## LEARNING CONTRACT MUST BE TYPED

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### **Student Information**

Student Name:

E-mail:

Phone:

Address

City/ST/Zip:

Major:

College:

Class Level:

Student Number (*not SSN*):

### **Course Information**

Semester and Year:

Course:

Credit Hours:

Grade Option (select one  
of the following):

\_\_\_ Pass/Fail (standard  
enrollment for Experiential  
Education)

\_\_\_ Letter Grade (requires  
faculty sponsor and advance  
permission from UK

Experiential Education:  
expblue@uky.edu)

### **Internship Partner Information:**

Organization/Company Name:

Supervisor's Name:

E-mail:

Phone:

Address:

City/ST/Zip:

### **Hours:**

Starting Date:

Ending Date:

Total Number of Weeks:

Average Hours Per

Week:

Total Hours Worked:

Paid \_\_\_\_\_

Unpaid \_\_\_\_\_

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**Describe the duties of your internship:**

**What do you expect to learn from this experience? Objectives should be measurable and achievable. List your learning objectives for this experience:**

**Specify the assignments agreed upon with your faculty sponsor.**

**Specify dates and times you have agreed to meet with your faculty sponsor for critical reflection:  
(Dates/times may be specific or in general terms. "To Be Determined" is not acceptable.)**

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Faculty Sponsor:

Department Chair or DUS:

Department:

Department:

Campus Address:

Campus Address:

Phone:

E-mail:

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Faculty Signature

Date

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DUS or Department Chair Signature

Date

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Student Signature

Date

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James W. Stuckert Career Center

Date