



INTERNSHIP LEARNING CONTRACT

STUDENT INFORMATION

Student name _____ Phone _____

Primary e-mail address _____

Number of hours for this Internship project: _____

INTERNSHIP INFORMATION

Name of Internship Organization or Project _____

Student's position or function _____

Name of Supervisor _____ Title _____

Address _____ City _____ State _____ Zip _____

Phone _____ E-mail _____

Internship start date: _____ End date: _____

Optional Supervisor feedback (please type or write in the space below, or attach additional pages):

SUPERVISOR SIGNATURE _____ DATE _____

To receive Internship credit, this form must be submitted to the CCS Registrar along with:

- **Internship journal** with regular entries documenting the experience (may be typewritten, handwritten, or digital).
- **One- to two-page typewritten essay** describing how this internship experience complements your educational and vocational goals and how it enhances your education.

All internships must be approved. A total of 60 hours of internship experience is required. This form and the supporting materials listed above must be submitted to the Registrar.