



**ASC 399 Experiential Learning in Animal Sciences  
LEARNING and SUPERVISOR CONTRACT**

**Student Information**

Name:  
  
Email:  
  
Phone:  
  
Student ID Number:

**Course Information**

Semester:    Fall        Spring        Summer\*    Winter\*  
  
Year:  
  
Credit hours:  
1 credit hr = 48 contact hrs  
2 credit hrs = 96 contact hrs  
3 credit hrs = 144 contact hrs

**Internship Site Information**

Organization/Company Name:  
  
Supervisor's Name:  
  
Email:  
  
Phone:  
  
Full Address:

**Contact Hours**

Starting Date:  
  
Ending Date:  
  
Total Number of Weeks:  
  
Average Hrs Per Week:  
  
Total Hrs Worked:

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## Faculty Mentor/Instructor Information

Name:

Position:

Email:

Phone:

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## Details of Internship

**Describe the duties of your internship:**

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

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

Refer to course syllabus for assignments based on number of credit hours

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## Signatures

### Internship Site Supervisor Signature:

I have discussed the internship described above with \_\_\_\_\_  
(student's name). The expected hours and learning objectives are consistent with my  
expectations and I agree to support this internship to the best of my ability.

Signature: \_\_\_\_\_ (Internship Site Supervisor)

Date: \_\_\_\_\_

### Student Signature:

I, \_\_\_\_\_ (student's name) fully intend to fulfill  
the hours and learning objectives laid out above. A failure to do so may result in failing for  
this internship.

Signature: \_\_\_\_\_ (Student)

Date: \_\_\_\_\_

### Instructor Signature:

I, \_\_\_\_\_ (instructor's name) agree that the internship above fulfills  
the requirements for ASC 399.

Signature: \_\_\_\_\_ (Instructor)

Date: \_\_\_\_\_