



**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:

Faculty Mentor/Instructor Information

Name:

Position:

Email:

Phone:

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

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
their ASC 399.

Signature: _____ (Instructor)

Date: _____