CASC 394 – Independent Internship

Fall & Spring terms
1-4 Credits
Pass/Fail

CAS C 394-INDEPENDENT INTERNSHIP LEARNING AGREEMENT

Instructions:
1. Schedule an appointment with Kellie Hernandez through Handshake or by calling the Greene Center at (585) 275-2366. Kellie will serve as the Career Adviser overseeing the academic component (credit-bearing portion) of your internship experience.
2. Bring the following with you to your appointment:
   a. An electronic copy of your internship description
   b. An electronic copy of the completed draft of the below Learning Agreement
3. During the appointment:
   a. Kellie will review the Learning Agreement with you and assist with any need changes
   b. Together you will discuss the number of credit hours, schedule of potential meetings, and accompanying academic work to be completed by the end of the semester
   c. Once all expectations are agreed upon, you and Kellie will sign and receive a copy of the Learning Agreement
   d. Kellie will provide you with the instructor permission code to register for the course

Student Information:
Name: ___________________________________________ Student ID: ________________________________

Internship Information:
Organization Name: _________________________________________________________________________
Internship Supervisor Name: __________________________________________________________________
Supervisor Email: __________________________________________________
Internship Start Date: _______________ End Date: _______________ Hours/week: _______________

Number of Credits (to be discussed and agreed upon with Career Adviser): _____________________________

Learning Goals and Objectives:
The following set of goals and learning objectives developed by the student and the career adviser are used as guidelines for determining whether the requirements of the internship have been met.

Related Courses (What course(s) have you taken, or plan to take that relate directly to this internship? Explain how they are related):

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Activities (What duties will you perform in your internship?):

Learning Objectives (What do you intend to learn during the internship?):

Evaluation (How will you know if you have achieved these objectives?):

Acknowledgement
Failure to complete any of the requirements outlined above will prevent me from receiving University of Rochester credit and result in a failing (F) grade on my permanent transcript (for international students, a failing (F) grade will make me ineligible for future CPT authorizations). Successful completion of all stated assignments will result in a passing (P) grade.

The following named student hereby enters into an internship agreement to facilitate a learning experience designed to benefit both the student and the internship employer.

Student Name (printed): ____________________________  Student ID #: __________________

Student Signature: ____________________________  Date: __________________

Career Advisor (Instructor): Kellie Hernandez

Career Advisor (Instructor) Signature: ____________________________ Date: __________________