



PHILADELPHIA UNIVERSITY

Internship Learning Agreement (ILA)

1. STUDENT

Name: _____ Student ID: _____

Address: _____ City: _____ State: _____ Zip: _____

Telephone/Cell #: _____ School Email: _____@PhilaU.edu

Major/Program: _____ Minor: _____ GPA: _____

Academic Advisor: _____ Check here if you are a F1/International Student? Yes

Semester for internship/credit Fall '09 (deadline Sept 1) Spring '10 (deadline Jan 19) Summer '10 (deadline May 17)

Credits to be earned: 0/not-for-credit 3 credits (first course) 3 credits (second course) 6 credits

By signing below, I understand that:

- I must submit a copy of this completed form **in person** to the Registrar's Office to be registered for academic credit. The Registrar will then register me for the appropriate internship course for my School, according to the desired credits as indicated above (Please note: Internship courses *cannot* be added by students through WebAdvisor).
- I am responsible for any tuition charges or fees assessed by Philadelphia University in relation to my registration for an internship course, which may include summer or overload tuition.
- I must also read and sign the "Student Acknowledgement of Risk and Release" and submit to the Career Services Center with the rest of my completed forms.
- I am responsible for reading and understanding the Philadelphia University Internship Program Policies, the Philadelphia University Student Code of Conduct, and my employer's site policies, and that violation of University or Employer policies may result in termination of the internship experience, loss of credit and tuition paid, and may include referral to the University Judicial Review Board if necessary.

Student Signature: _____ Date: _____

2. EMPLOYER (this section *must* be completed by the employer/internship site supervisor)

INTERNSHIP SITE SUPERVISOR RESPONSIBILITIES:

Philadelphia University *greatly* appreciates your work with our student and assisting his/her participation in our credit-bearing internship program. Your role is integral to the student's learning experience and internship success.

As a site supervisor, we require that you agree to:

- Complete the attached Student Internship Description and Development Plan and clearly discuss the responsibilities of the internship with the student.
- Work directly with the student to develop attainable learning objectives and goals for the internship experience and collaborate with the student to complete the Learning Objectives Worksheet.
- Provide ongoing supervision and feedback to the student on his/her performance in the workplace.
- Be available to speak with the student's Faculty Internship Advisor and/or meet the faculty member during a brief site visit.
- Complete the required Employer's Evaluation at the end of the semester so that the Faculty Internship Advisor may include your insights while analyzing the field and academic components of the student's internship work.

Site Supervisor Signature: _____ Date: _____

*****PLEASE SEE REVERSE SIDE FOR ADDITIONAL SIGNATURES AND INFORMATION*****

Career Services Center

Philadelphia University • Kanbar Campus Center Suite 313 • School House Lane & Henry Avenue • Philadelphia, PA 19144-5497
215.951.2930 tel • 215.951.6884 fax • www.PhilaU.edu/career • careerservices@philau.edu



PHILADELPHIA UNIVERSITY

Internship Learning Agreement (ILA)

3. FACULTY INTERNSHIP ADVISOR

Name: _____ Phone: _____

School/Major: _____

By signing this Internship Learning Agreement, I indicate my agreement that the proposed internship will provide the student with a learning opportunity relevant to his/her academic and/or career goals. I also agree to:

- Keep in contact with the student during the internship semester to provide guidance and support, specifically in terms of progress towards accomplishment of Learning Objectives.
- Contact the site supervisor at least once within the semester to discuss the student's performance and applicability of student's educational preparation to the internship experience.
- Assess the student's learning based upon communication/visit with the site supervisor, review of the site supervisor's evaluation, and on all academic assignments completed by the student as outlined in my School's Internship Course Syllabus.

Faculty Internship Advisor Signature: _____ **Date:** _____

4. CAREER SERVICES CENTER

My signature certifies that the student has signed this form, obtained signatures from their internship supervisor and faculty internship advisor, and should be registered for academic credit according to the student's major and information provided on this form. Additionally, my signature confirms that the student has submitted the Student Internship Description and Development Plan and Student Acknowledgement of Risk and Release form to be retained in Career Services.

Career Services Staff Signature: _____ **Date:** _____

5. FOR REGISTRAR'S OFFICE USE ONLY

By signing this Internship Learning Agreement, I confirm that the student has Career Service's signature on this form and is registered in following internship course:

COURSE NUMBER: _____ SECTION: _____ CREDITS: _____

For the _____ semester

Registrar's Office Signature: _____ **Date:** _____

Revised: April 2009

Career Services Center

Philadelphia University • Kanbar Campus Center Suite 313 • School House Lane & Henry Avenue • Philadelphia, PA 19144-5497
215.951.2930 tel • 215.951.6884 fax • www.PhilaU.edu/career • careerservices@philau.edu