



LAKE ERIE

COLLEGE

OFFICE OF CAREER SERVICES

Experiential Learning/Internship/Clinical Observation Application & Agreement
(TYPE, Print, and Obtain Signatures)

In Section 1 Student attaches resume	In Section 2 Site Supervisor attaches experiential learning description	In Section 3 Faculty Advisory attaches syllabus
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Attach updated Resume: Please reach out to the Career Development Office for help with updating your resume, any aspect of this application, any needed support during or after your internship.

Section 1: Student Information				
Last Name _____		First Name _____		Middle Initial _____
LEC Student ID # _____	Major _____	Check One:	Freshmen	Sophomore
			Junior	Senior
Cumulative GPA (2.0 GPA required for Internships) _____				
Telephone Number (Include area code) _____		E-mail _____		
Current Address (Street, City, St Zip Code) _____				

Campus Mailbox # _____				

Student Signature and Date

The student agrees to: Perform all assigned duties to the best of his/her ability, satisfactorily meet all requirements of the employer, complete all academic requirements, and abide by the rules, regulations and the policies of the Experiential Learning Program. Failure to meet these requirements will result in the student's withdrawal from the assignment and the forfeit of any benefits of the Experiential Learning Program. I understand the requirements attached to the internship/clinical observation including registering for the experiential learning/ internship/clinical observation course and paying all applicable fees.

Section 2: Employer Information (Complete with your Site Supervisor)

Experiential Learning/Internship/Clinical Observation Site _____

Site Supervisor _____ Title _____

Phone _____ Fax _____ Email _____

Student Position _____ Check one: Unpaid Paid
Hourly Wage/Monthly Stipend _____

Hours per week _____

Begin Date _____ End Date _____

Attach Experiential Learning Description: Specifically, what projects and responsibilities will the intern/student observer have during the experiential learning/internship/clinical observation? Please explain this in an experiential learning description (must be typed).

Employer Signature and Date

The Employer/Site Supervisor agrees to: Provide supervision of the student; evaluate the student's performance on form provided by the College, and provide the same consideration of health, safety, and working conditions accorded other employees.

Section 3: Academic Requirements & Signatures (Complete with your Faculty Sponsor)

Course Code _____ Semester/Yr. _____ Number of Credits (1 credit = 50 hours) _____

Faculty Sponsor Name _____ Academic Advisor Name _____

What work is required outside of the experience hours? ***Include Attached Syllabus with Learning Objectives***

FOR EXAMPLE:

Employer assessments

Class Presentations

Examinations

Journals

Written/Oral research reports

Class/seminar attendance

Other: Please indicate: _____

1) The Faculty Sponsor:

I have communicated academic expectations to the student, and helped develop learning objectives. Upon successful completion of all requirements by the student, the faculty sponsor will assign a grade.

Faculty Sponsor* and Date

***IF APPLICABLE: Faculty Member (sign ONLY IF faculty sponsor is not within the academic area for which credit is being given – LOOK AT COURSE CODE)**
– Approval for registration of academic credit for the course code and number of credits assigned in Section 3.

Faculty Member (within the area credit is being given) and Date

2) Faculty Advisor: Approval for registration of academic credit for the course code and number of credit assigned in Section 3.

Faculty Advisor and Date

3) The Office of Career Development and Experiential Learning agrees to: Maintain communication with the employer, the student, and the faculty sponsor in an effort to answer questions, resolve potential problems and otherwise endeavor to make the experience as productive and rewarding as possible for both the employer and the student.

Career Services & Internships and Date

For Career Services Staff Use Only: Resume Description Syllabus

IF APPLICABLE: Out-of-Country Opportunities – Students planning an overseas experience for academic purposes need to go through the Office of International Programs to complete liability paperwork, applications, etc., as well as for information pertaining to practical travel tips.

Coordinator of International Studies and Date

FINAL SIGNATURE (obtain by dropping off application and all materials at the Registrar’s Office)

Dean(s) of Academic Area: Approval for registration of academic credit for the course code and number of credits assigned in Section 3. Signature prompts registration.

Dean(s) of Academic Area (in which credit is being given and faculty sponsors Dean applicable) and Date