

**BACHELOR'S PROGRAM FOR ADULTS AND TRANSFER STUDENTS****INTERNSHIP CONTRACT**

This contract is between the student and employer to establish a relationship for educational purposes. It is to be completed and signed by the student and employer. To approve the internship for credit, the employer's description of the intern's responsibilities must be attached. Please submit this on the company's letterhead. The student must work 10 – 12 hours per week for the semester to earn 3 credits. The work must be completed no later than the end of the current semester.

At the completion of the internship the student writes a 4-7 page report describing the experience and linking it to their areas of study. The employer will be provided with an evaluation form to assess the intern. These are to be submitted separately to Tracyann Williams, Director of Academic Affairs (WilliamT@newschool.edu).

**Student Information**

Student Name: \_\_\_\_\_ Student ID # \_\_\_\_\_  
Student Email: \_\_\_\_\_ Semester/Yr: \_\_\_\_\_ # Credits: \_\_\_\_\_  
Title for Transcript (24 letters maximum) \_\_\_\_\_

**Employer Information**

Employer: \_\_\_\_\_ Department: \_\_\_\_\_  
Supervisor's Name: \_\_\_\_\_ Title: \_\_\_\_\_  
Supervisor's Email: \_\_\_\_\_ Supervisor's phone #: \_\_\_\_\_  
Street Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

**Student's Learning Goals/Competencies**

How does this internship relate to your area of study and professional goals?

Why did you select this company/organization for your internship?

What skills do you hope to gain? (List in the categories below)

Creative/Technical Skills:

Professional Skills:

Communication Skills:

Industry Awareness:

**Student:** Internships are subject to the same add and drop deadlines and tuition as other credit-bearing courses. You will be given the course number for internships and it is your responsibility to register during the scheduled registration period. **Please be sure to register for this course!**

Student's Signature: \_\_\_\_\_

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

**Employer Agreements**

Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_ Hours per week: \_\_\_\_\_

Salary or Unpaid: \_\_\_\_\_ Salary per: \_\_\_\_\_

Describe what the student's learning outcomes will be from this internship:

Describe how you, as the employer/mentor, will help the student reach his/her learning goals or competencies:

I understand that at the completion of this internship I will submit the Internship Evaluation form **directly to** Tracyann Williams, Director of Academic Affairs.

On-Site Supervisor (Type or Print Name) \_\_\_\_\_

Title: \_\_\_\_\_

On-Site Supervisor's Signature: \_\_\_\_\_

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

**New School Approvals**

For International Students, CPT form submitted \_\_\_\_\_

Bachelor's Program Designee Signature: \_\_\_\_\_

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