School of Undergraduate Studies
The New School For Public Engagement

Internship Contract

This contract is between the student and employer. It is to be completed and signed by the student and supervisor. 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 12 – 15 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 area of studies. The employer will be provided with an evaluation form to assess the intern. These are to be submitted separately to Cathy Gibbons, Director of Experiential Learning gibbonsc@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!**

Intern'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/competencies:

I understand that at the completion of this internship I will submit the Internship Evaluation form **directly to** Cathy Gibbons, Director of Experiential Learning.

On-Site Supervisor (Type or Print Name) Title:

On-Site Supervisor's Signature: Date:

New School Approvals

For International Students, ISS Authorization Signature: Date:

School of Undergraduate Studies Designee Signature: Date: