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Internship Agreement Form

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## Student Information

Student Name: \_\_\_\_\_  
*Last* *First* *M.I.*

Student Phone: \_\_\_\_\_ Student Email: \_\_\_\_\_

Semester: \_\_\_\_\_

Total Credits: \_\_\_\_\_ Estimated Hours: \_\_\_\_\_

Declared Major: \_\_\_\_\_ Graduation Date: \_\_\_\_\_

Intern Job Title: \_\_\_\_\_

Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_

## Employer Information

Company Name: \_\_\_\_\_

Address: \_\_\_\_\_  
*Street Address* *Apartment/Unit #*

\_\_\_\_\_

*City*

*State*

*Zip*

Supervisor Name: \_\_\_\_\_  
*Last* *First* *M.I.*

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

Supervisor Phone: \_\_\_\_\_ Supervisor Email: \_\_\_\_\_

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## Student Measurable Objectives

Student must list two to three measurable learning objectives and how to accomplish them.

Objective	Projects/Tasks to Achieve Objective	Student Initials	Employer Initials	Advisor Initials

## Student Work Schedule

Job description is attached:      Yes      No–If you answered no, please attach job description.  
*Circle answer*

Compensation:      Paid      Unpaid      Rate: \$ /hour  
*Circle answer*

Work Schedule: \_\_\_\_\_

## Agreement

As consideration for the student's services, the supervisor will oversee the work of the student and will convey advice, instruction and information regarding applicable undertakings of the organization. The employer must provide an official job description and the student learning objectives must be agreed upon between the student and employer.

The Career Development Director will evaluate the student based on employer and student evaluations. The student must obtain a D grade or better to obtain college credit.

If issues arise while the student is interning, the student and/or supervisor must contact the Career Development Director. With just cause, the employer has the right to terminate the student. If this occurs, the student will be reviewed and may not receive college credit for hours worked. The above conditions are agreed upon by the undersigned.

Student Signature: \_\_\_\_\_  
*Date*

Employer Signature: \_\_\_\_\_  
*Internship Supervisor* *Date*

WLC Signature: \_\_\_\_\_  
*Major Academic Advisor* *Date*