

**Political Science Department  
University of Wisconsin Oshkosh  
Learning Contract Form**

**BACKGROUND INFORMATION**

Name \_\_\_\_\_

Student ID \_\_\_\_\_

Current

Campus Address \_\_\_\_\_

Current

Telephone Number \_\_\_\_\_ Home Phone \_\_\_\_\_

Permanent Address (if different from above) \_\_\_\_\_

University Credits Completed to Date \_\_\_\_\_ GPA \_\_\_\_\_

Major(s) \_\_\_\_\_ Minor \_\_\_\_\_

**ELIGIBILITY**

Independent Studies and Internships completed or in progress:

<u>Title</u>	<u>Course #</u>	<u>Credits</u>	<u>Ind. Study/Intern.</u>	<u>Status</u>
1. _____	_____	_____	_____	_____
2. _____	_____	_____	_____	_____

**QUALIFICATIONS**

Past Employment or Volunteer Experience (list most recently first):

<u>Employer</u>	<u>Job Title &amp; Dates</u> <u>Description</u>	<u>Wages</u> <u>(hourly)</u>
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____

(If you need more space, attach sheet).

## INTERNSHIP SPECIFICATIONS

Agency \_\_\_\_\_

Agency Supervisor \_\_\_\_\_ Phone \_\_\_\_\_

### 1. Agency Component

a. What activities will the intern perform? (Be specific where possible.) Note: The extent of the intern's involvement may range from observation to supervised performance.

b. What will the intern learn from these activities?

c. Insurance coverage for the intern will be provided by the agency.

Yes \_\_\_\_\_ No \_\_\_\_\_

d. Dates of Employment: \_\_\_\_\_

e. Number of hours per week: \_\_\_\_\_ Wages (if any): \_\_\_\_\_

(Note: Approximately 56 clock hours of work in the agency are necessary for each semester hour of credit the student seeks from this internship as indicated in the Academic Component, below).

f. Days and hours of work: \_\_\_\_\_

This Component has been agreed upon by the agency supervisor (or other representative) on behalf of the agency and by the intern. The agency will designate a supervisor for the intern. The agency supervisor will provide the intern with an orientation concerning relevant organizational arrangements, standards of ethical conduct, procedures and functions. Moreover, he or she will meet with the intern regularly and will be available for advice for the duration of the internship. The intern agrees to complete all work assignments promptly and to the best of his/her abilities. In addition, the intern accepts the obligation of confidentiality in the intern's work and relationship with the agency.

## Academic Component

- a. Course number and Section: 84-396 Credits: \_\_\_\_\_
- b. Academic objectives of the internship:
- c. Academic activities of the intern to achieve the above indicated objectives:
- d. Submission of a list of books, articles, documents, etc., (bibliography) by the prospective intern with this contract. Attach a list.
- e. Basis for evaluation and/or assignment of a grade:  
**(Check those which are applicable).**
- Term paper (due date: \_\_\_\_\_)
- The Academic Advisor may have specific requirements for content and approach of a term paper. At a minimum, however, any term paper should include a demonstration by the student of understanding how assigned readings relate to observed agency operations.
- Periodic reports (how often: \_\_\_\_\_)
- Evaluation from the agency.
- Written exam (date: \_\_\_\_\_)
- Oral exam (date: \_\_\_\_\_)
- Periodic conferences (how often: \_\_\_\_\_)
- Other (specify: \_\_\_\_\_)

The Academic Component has been agreed upon by the intern and the academic supervisor.

**3. Risk Section**

The intern agrees not to hold the University of Wisconsin or any of its employees responsible for any physical or mental injury occurring during the course of the internship. This includes injury resulting from negligent or criminal acts of others.

This internship may include hazardous duty: \_\_\_\_Yes \_\_\_\_No

For insurance coverage, see the Agency Component section, above.

Risk aspects discussed: \_\_\_\_\_

DEPARTMENT CHAIR SIGNATURE: \_\_\_\_\_

INTERN APPLICANT SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_

**SIGNATURE PORTION**

When all parties are in agreement with this contract, they should indicate their approval by signatures below. EACH PARTY SHOULD RETAIN A COPY OF THIS CONTRACT.

INTERN SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

AGENCY SUPERVISOR SIGNATURE \_\_\_\_\_ DATE: \_\_\_\_\_

ACADEMIC SUPERVISOR SIGNATURE \_\_\_\_\_ DATE: \_\_\_\_\_

**NOTE**

It is the student's responsibility to find out the status of this contract form after it has been turned in for Committee approval. It is also the student's responsibility to register for the internship. If the student is not registered s/he will not receive credit