# UMaine Cooperative Extension Internship Experience Learning Contract Template

**Intern’s Name**:

Address:

Telephone Number: Email:

Major:

Active Student: Deferred Student:

Expected Graduation Date:

Intern’s Faculty Coordinator: Work Phone :

Work Address:

**Mentor’s Name**[[1]](#footnote-1): Mentor’s Job Title:

Mentor’s Department/ Program:

Location of Internship:

Mentor’s Work # Mentor’s email:

## **Name of Internship:**

Proposed Start Date: Proposed End Date:

Corresponding Academic Semester:

Estimated Total Number of Hours for Internship:

Estimated Number of Work Hours Per Week:

What is the overarching goal of the Internship?

What are the three main learning objectives?

1.

2.

3.

What are the learning tasks for the three main learning objectives above?

1.

2.

3.

Please list any additional goals needed to receive academic credit: (Use addition paper if needed)

1.

2.

3.

Please describe the learning tasks to be completed that will achieve the above goals: (Use addition paper if needed)

1.

2.

3.

Please describe the research component associated with this Internship:

Are there things the Intern will be expected to learn? If so, how will the Intern gain these skills?

## **Course Name & Number:**

Course Instructor/ Supervisor (if applicable):

Number of Credits:

Number of hours required for Academic Credit (if applicable):

Additional Assignments required to receive Academic Credit (if applicable): (Use addition paper if needed)

1.

2.

3.

4.

Intern’s Name (Printed):

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signed Date

Mentor’s Name (Printed):

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Signed Date

Faculty Coordinator’s Name (Printed):

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Signed Date

If Applicable:

Course Instructor’s Name (Printed):

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signed Date

## **TO BE FILLED OUT AT COMPLETION OF INTERNSHIP:**

Date:

Were the three main learning objectives met?

Yes No

If so, please explain how, and if not, please justify why:

Were the three main learning tasks completed?

Yes No

If yes, please provide examples, and if not, please justify why:

If additional goals were needed, please explain how these goals were met? If you were unable to do so, please explain why?

Was the Intern able to complete the overarching goal of the Internship?

Yes No.

If the goal was not completed, what additional resources are needed to complete the goal?

Please provide an example of the research component for The Internship:

**Intern’s Name (Printed):**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signed Date

Mentor’s Name (Printed):

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signed Date

Please provide a copy of the Finished Learning Contract at the completion of the Internship to:

* Intern
* Mentor
* Internship Coordinator
* Faculty Coordinator

Please list any additional people/departments that require a copy:

If a copy needs to be provided to Advising or Admissions please provide your MaineStreet Student Id Number:

\*Learning Contracts need to be kept on file until Academic Credit is awarded (if student qualifies)

1. If the Internship is being shared between two Mentors- Please delineate one person to be The Academic Liaison [↑](#footnote-ref-1)