



**Mount Ida College**  
**Internship Application/Learning Contract Form**

*Office of the Registrar, 777 Dedham Street, Newton, MA 02459*  
*phone: 617-928-4503 ~ fax: 617-928-4728 ~ registrar@mountida.edu*

Please complete this form, attach a current resume, and submit copies to your program director, the faculty supervisor for the internship course, and the prospective internship site. The Internship Approval (last page of this form) must be signed by the student, the faculty supervisor, the internship site supervisor, and the program director prior to registering for the internship course. If signatures cannot be obtained in advance, the internship course may be added during the Add/Drop period at the beginning of the semester. The Internship Approval, with all signatures, must be attached to the Registration Form or the Add/Drop Form in order to be registered for the internship course.

Application Submitted by: \_\_\_\_\_ Date: \_\_\_\_\_

**Student Information:**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

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

Local Address: \_\_\_\_\_ Local phone: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_ Home phone: \_\_\_\_\_

Email: \_\_\_\_\_

Permanent Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

**Academic Information:**

Major: \_\_\_\_\_

Class Standing:  Sophomore  Junior  Senior

Expected Date of Graduation: \_\_\_\_\_

Approximate Dates of the Internship: Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_

I am applying for (year): Fall \_\_\_\_\_ Spring: \_\_\_\_\_ Summer: \_\_\_\_\_



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**Internship Site Information:**

I would like to apply for an internship for Mount Ida College credit at the following proposed internship site:

\_\_\_\_\_

Address of Proposed Internship Site:

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

Internship Supervisor: \_\_\_\_\_

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

Phone #: \_\_\_\_\_ e-mail: \_\_\_\_\_

Faculty Supervisor: \_\_\_\_\_

Program: \_\_\_\_\_

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

Extension: \_\_\_\_\_ e-mail: \_\_\_\_\_

**Internship Job Description**

A. **Job Description:** Describe your role and responsibilities while on your internship.

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

B. **Supervision:** Describe the supervision to be provided to you during your internship. What kind of instruction, assistance, consultation, etc., will you will receive and from whom?

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



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**Learning Objectives/Learning Activities/Assessments**

A. **Learning Objectives:** What do you intend to learn through the internship experience?  
Please be specific. Use concrete, measurable terms.

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

B. **Learning Activities:**

(1) **On-the-Job:** Describe how your internship activities will enable you to meet your learning objectives. Include projects, research, report writing, participation in meetings and/or other activities that you will do at the internship site, relating these to what you intend to learn.

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

(2) **Off-the-Job:** List reading, writing, contact with your faculty supervisor, participation in internship seminar meetings, and other activities that you will carry out which will help you meet your learning objectives

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

C. **Assessment:** How will you know what you have learned, or that you have achieved your learning objectives?

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

**Hours:**

Monday      Tuesday      Wednesday      Thursday      Friday      Saturday      Sunday

Minimum # of total hours required = \_\_\_\_\_



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## INTERNSHIP APPROVAL

Major: \_\_\_\_\_

Course Number: \_\_\_\_\_ Course Title: \_\_\_\_\_

Semester:  Fall  Spring  Summer Year: \_\_\_\_\_

Dates of Internship: Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_

**Note:** All signatures on this Internship Approval represent agreement with the objectives and activities specified on the Learning Contract. Should there be any need to modify this agreement in any way, the faculty supervisor should be contacted immediately.

**Note:** By signing this, the employer agrees that in the event of two consecutive no-shows by the student, the employer will contact the faculty supervisor immediately in accordance with Mount Ida College's missing persons policy.

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

Print Name: \_\_\_\_\_

Faculty Supervisor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_

Internship Site Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_

Name of Internship Site: \_\_\_\_\_

Program Director Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_ Date: \_\_\_\_\_

**Note:** Once all signatures have been obtained, the Program Director is responsible for providing a copy of the Internship Application, Learning Contract, and Internship Approval to the appropriate School Director for school files.