

Experiential Education Learning Contract

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POSITION INFORMATION			
Intern/Practicum/Co-op Site		Web Site	
<input type="text"/>		<input type="text"/>	
Supervisor Name		Supervisor Email	
<input type="text"/>		<input type="text"/>	
Supervisor Phone		Address	
<input type="text"/>		<input type="text"/>	
Hours/Week	Rate/Hour	Start Date	End Date
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

IMPORTANT: Attach your position description (or detailed list of your role) to this contract. If you are a College Liaison, please attach a letter from your supervisor.

How did you hear about this position?

FOR COURSE REGISTRATION ONLY

Subject	Course#	CRN#	Credits
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