

## XPD – Experience & Professional Development

*Learning Contract: Student Registration for Academic Internship Credits*

### STUDENT INFORMATION

NAME:	EMAIL:	BANNER I.D.
MAJOR:	GRAD. DATE:	CAMPUS: <input type="checkbox"/> CSB <input type="checkbox"/> SJU

### ACADEMIC INFORMATION

TERM:	DEPARTMENT WHERE EARNING CREDIT:	#CREDITS:	GRADING: <input type="checkbox"/> A/F <input type="checkbox"/> H/S/U
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### FACULTY MODERATOR INFORMATION

NAME:	EMAIL:
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### SITE SUPERVISOR INFORMATION

NAME:	EMAIL:	PHONE:
ALUM: <input type="checkbox"/> YES <input type="checkbox"/> NO		

### INTERNSHIP SITE INFORMATION

ON CAMPUS

DEPARTMENT:		
BUILDING:	OFFICE #:	CAMPUS: <input type="checkbox"/> CSB <input type="checkbox"/> SJU

OFF CAMPUS

ORG NAME:		
ADDRESS:	CITY:	ZIP:

### GENERAL INTERNSHIP INFORMATION

INTERN TITLE:		
START/END DATES:	TO	HRS/WK:

## Learning Objectives, Learning Activities, and Strategies for Evaluation of Learning

<b>Learning Objective #1:</b> Student will demonstrate the ability to integrate and apply knowledge and skills gained from one or more courses.	<b>Learning Activity #1:</b>	<b>Strategy for Evaluation of Learning #1:</b>
<b>Learning Objective #2:</b> Student will demonstrate specific ways in which the internship activities deepen their understanding of the knowledge and skills gained through traditional course work.	<b>Learning Activity #2:</b>	<b>Strategy for Evaluation of Learning #2:</b>
<b>Learning Objective #3:</b>	<b>Learning Activity #3:</b>	<b>Strategy for Evaluation of Learning #3:</b>
<b>Learning Objective #4:</b>	<b>Learning Activity #4:</b>	<b>Strategy for Evaluation of Learning #4:</b>
<b>Learning Objective #5:</b>	<b>Learning Activity #5:</b>	<b>Strategy for Evaluation of Learning #5:</b>

<b>Internship Evaluation Components:</b>	<b>Grading Scale:</b>
Provided by Faculty Moderator	Provided by Faculty Moderator

I agree with all the components of this Learning Contract, will work toward the learning objectives, pursue the learning activities, and complete the tasks outlined related to strategies for evaluation of learning to the best of my ability.

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

I agree with all components of this Learning Contract. In my judgment, the student is adequately prepared to meet the terms of the contract, and I agree to work with the student to ensure that the academic learning objectives, learning activities, and strategies for assessment of learning related to the internship are carried out.

Faculty Moderator Signature: \_\_\_\_\_ Date: \_\_\_\_\_

In my judgment the learning objectives, learning activities and strategies for evaluation of learning described in this contract constitute a valid internship experience. I agree to work with the student, faculty moderator, and site supervisor to ensure that learning objectives, learning activities and strategies for evaluation of learning are fulfilled.

Department Chair Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Dir. of Academic Advising Signature -- for COLG credits only: \_\_\_\_\_ Date: \_\_\_\_\_

I have read this Learning Contract, and attest that its components meet the standards and expectations for an internship with my organization. I agree to conduct evaluations for the student by the deadlines stipulated by the program, and to participate in a site visit if requested.

Site Supervisor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**COLLEGE OF SAINT BENEDICT/SAINT JOHN'S UNIVERSITY  
STUDENT INTERNSHIP AGREEMENT AND RELEASE**

I, \_\_\_\_\_, am a student at the College of St. Benedict /St. John's University, and plan to participate in an internship during \_\_\_\_\_ with the following organization:

Name of Internship Site:

City: \_\_\_\_\_ State: \_\_\_\_\_ Country: \_\_\_\_\_

My supervisor's name: \_\_\_\_\_ Supervisor's title: \_\_\_\_\_

I understand that the College of St. Benedict/St. John's University does not control the way in which the internship work experience and the internship host is structured or operates. Granting academic credit for this internship is within the sole discretion of the College of St. Benedict/St. John's University. The College of St. Benedict/St. John's University affirms that, to the best of its judgment, the experience is an appropriate curricular option for students in their chosen course of study, and is worthy of academic credit from the College of St. Benedict/St. John's University. However, the College of St. Benedict/St. John's University makes no other assurances, express or implied, about the organization or program or about any travel and/or living arrangements the Student has made in order to participate in the internship. While the College of St. Benedict/St. John's University does not knowingly approve internship opportunities that pose undue risks to student participants, any internship or travel carries with it potential hazards which are beyond the control of the College of St. Benedict/St. John's University and their respective agents or employees. By signing this Agreement, I acknowledge my responsibility to ascertain the nature of those risks to the best of my ability and to conduct myself with reasonable care.

I have sufficient health, accident, disability, and hospitalization insurance to cover me during the internship, and I further understand that I am responsible for the cost of such insurance and for the expenses not covered by insurance. I recognize that the College of St. Benedict/St. John's University does not have an obligation to provide me with insurance coverage or reimbursement for medical care. I understand that the College of St. Benedict/St. John's University assumes no liability for personal injury or illness that I may suffer in the course of my internship.

Moreover, I agree that the College of St. Benedict/St. John's University has no liability for personal injury or property damage that may result from the use of my own vehicle or the organization's vehicle for the benefit of the organization/agency with whom I perform my internship. In addition, I agree that the College of St. Benedict/St. John's University is not responsible for any lost, stolen or damaged personal property.

I will participate in the internship, and travel to the internship host's facility, and use the internship host's facilities at my sole risk. I acknowledge that I am responsible for the cost of any background, credit, drug, or other test/check that may be required to participate in the internship. I hereby acknowledge that the College of St. Benedict/St. John's University shall not be liable for any claims, demands, injuries, damages, actions, or causes of action, whatsoever to me or to my property arising out of or in connection with the internship and with the use of any and all services or facilities associated with the internship, whether or not sponsored by the College of St. Benedict/St. John's University. I hereby release, discharge, and covenant not to sue the College of St. Benedict/St. John's University, their respective governing boards, employees, or agents as to any and all liability that may arise out of any injury or harm, death or property damage resulting from my participation in the internship, excepting only liability due to the misconduct of the College of St. Benedict/St. John's University. I further agree to indemnify and hold harmless the College of St. Benedict/St. John's University from any and all liability, loss, damage, or injury incurred by me while participating in the internship.

I am over the age of eighteen (18) and competent to sign this Agreement. Further, I warrant that I have disclosed all relevant, pertinent information that could affect my ability to successfully complete the internship. I understand that an internship is an at-will experience that requires certain standards of professional decorum, and agree that, should the Assistant Director of Experience and Professional Development decide that I must be terminated from my internship because of conduct that might bring the organization into disrepute, or the internship into jeopardy, or adversely affect the College of St. Benedict/St. John's University, that decision will be final and may result in my receiving no academic credit for the internship. I also agree to be bound by the expectations and directives set forth in the College of St. Benedict/St. John's University student handbook, and related applicable policies and procedures, while participating in the internship.

Lastly, I agree to share any of the information I have provided on the Internship Learning Contract with all parties involved with the academic internship experience. Namely, that would include those I've defined in the faculty moderator and site supervisor roles. I also understand that the chair of my department (where appropriate/applicable, which could include the Assistant Dean for COLG credits) and the Assistant Director of Experience and Professional Development will have access to the information outlined in this document.

**Student:**  **By checking this box and signing my name below I agree to the above statements.**

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

**COLLEGE OF ST. BENEDICT/ST. JOHN'S UNIVERSITY  
INTERNSHIP PROGRAM HOST AGREEMENT**

**FOR OFF-CAMPUS INTERNSHIPS ONLY: This Agreement is to be completed by a representative of the Internship Host and the Student-Intern, before the Student-Intern may begin the internship.**

THIS AGREEMENT is entered into this day \_\_\_\_\_ by and between \_\_\_\_\_ the Internship Host, (herein referred to as "Host"), the College of St. Benedict/St. John's University (hereinafter "CSB/SJU"), and \_\_\_\_\_ a student intern (hereafter "Intern").

WHEREAS, the host desires the services of the Intern and the Intern desires the learning experience that an internship affords, and CSB/SJU appreciates and commends the Host's providing the Intern the opportunity for this learning experience.

NOW THEREFORE, the parties hereby agree as follows:

- I. **ASSIGNMENT AND TERM.** The general nature of the Intern's assignment shall be: \_\_\_\_\_ Normal work hours shall be \_\_\_\_\_ hours per week. Duration of the internship shall be from \_\_\_\_\_ to \_\_\_\_\_.
- II. **DUTIES.** The duties of the Intern shall include but not be limited to the duties stated on page 2 of this contract. The Host may also require the Intern to attend meetings or trainings as shall be necessary for proper function of the program.
- III. **EVALUATIONS.** The Intern shall be assigned to a supervisor within the Host. The supervisor for this internship is \_\_\_\_\_. Evaluation of the student intern is required as a part of the academic internship process and is a best practice for experiential learning and for the student's professional development. If the site does not have its own standard nor processes, it is strongly encouraged that the Intern and supervisor use evaluations outlined on the XPD [website](#). Both the Intern and the supervisor shall submit evaluations, either Host evaluations or CSB/SJU evaluations, to the CSB/SJU Associate Director of who will share them with faculty moderator(s).
- IV. **CREDIT-REQUIREMENT.** The goal is for the Intern to receive academic credit for successful completion of the internship, or otherwise fulfill a requirement of his/her academic program. The internship shall be carried out under the direction of the CSB/SJU Associate Director of XPD and the Intern's faculty moderator(s). It is understood that all academic credit is to be arranged by the Intern and CSB/SJU.
- V. **COMPENSATION.** This internship will not result in monetary compensation to the Intern, unless, during the course of the internship, as compensation for performance of the duties herein described, the Intern may receive \_\_\_\_\_ from the Host. Any compensation is considered taxable income to the Intern.
- VI. **NATURE OF RELATIONSHIP.** The Intern understands that the internship is not an offer of employment, but rather is an at-will educational experience with a set termination date. At the conclusion of the internship, the Intern understands that he/she will not be entitled to unemployment compensation benefits.
- VII. **TERMINATION.** In the event that conflicts develop during the internship, the supervisor or the Intern shall inform the CSB/SJU Assistant Director of XPD. If, after consultation with the CSB/SJU Associate Director of XPD, and/or faculty moderator(s), and representatives of the Host, resolution of the matter cannot be agreed upon, this Agreement may be terminated immediately by any party.
- VIII. **COMPETENCY TO SIGN THIS AGREEMENT.** Intern asserts that he/she is over the age of eighteen (18) and competent to sign this Agreement.

**STUDENT:**  By checking this box and signing my name below I agree to the above statements:

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

**REPRESENTATIVE OF HOST (SITE SUPERVISOR):**  By checking this box and signing my name below I agree to the above statements.

**Representative of Host (Site Supervisor Signature):** \_\_\_\_\_ **Date:** \_\_\_\_\_

## SUSPECTED CHILD ABUSE AGREEMENT

### REQUIRED REPORTS OF MALTREATMENT OF CHILDREN (PHYSICAL ABUSE, SEXUAL ABUSE, OR NEGLECT)

#### ALL EMPLOYEES AND STUDENTS MUST REPORT SUSPECTED CHILD ABUSE TO CSB OR SJU.

CSB and SJU cannot stop child abuse unless its representatives are made aware of suspicions or allegations regarding it. Therefore, all CSB and SJU students, faculty, staff, and associates who suspect any physical or sexual abuse or neglect of a child on campus or in connection with any CSB and/or SJU event, program, or activity are required to immediately report the issue to at least one member of the Child Protection Report Team. Please contact Adia Zeman Theis, Assistant Director of XPD - Experience and Professional Development and member of the **Child Protection Report Team, at (320) 363-5237 or [azemantheis@csbsju.edu](mailto:azemantheis@csbsju.edu)**.

For the full policy, please see: [Joint Policy for Reporting Suspected Child Abuse](#)

Student:  By checking this box and signing my name below I acknowledge receipt of the policy notice and understand that failure to report is subject to disciplinary action up to and including expulsion from school.

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

Faculty Moderator:  By checking this box and signing my name below I acknowledge receipt of the policy notice and understand that failure to report is subject to disciplinary action up to and including termination of employment.

Faculty Moderator Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Department Chair:  By checking this box and signing my name below I acknowledge receipt of the policy notice and understand that failure to report is subject to disciplinary action up to and including termination of employment.

Department Chair Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Site Supervisor:  By checking this box and signing my name below I acknowledge receipt of the policy notice.

Site Supervisor Signature: \_\_\_\_\_ Date: \_\_\_\_\_