



## ASC 399 Experiential Learning in Animal Sciences LEARNING and SUPERVISOR CONTRACT

### Student Information

Name:

Email:

Phone:

Student ID Number:

### Course Information

Semester:    Fall        Spring        Summer\*    Winter\*

Year:

Credit hours:

1 credit hr = 48 contact hrs

2 credit hrs = 96 contact hrs

3 credit hrs = 144 contact hrs

### Internship Site Information

Organization/Company Name:

Supervisor's Name:

Email:

Phone:

Full Address:

### Contact Hours

Starting Date:

Ending Date:

Total Number of Weeks:

Average Hrs Per Week:

Total Hrs Worked:

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## Faculty Mentor/Instructor Information

Name:

Position:

Email:

Phone:

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## Details of Internship

**Describe the duties of your internship:**

**List your learning objectives for this experience:** *(What do you expect to learn from this experience? Objectives should be measurable and achievable and meet internship requirements.)*

**Specify the assignments agreed upon with your faculty sponsor:**

Refer to course syllabus for assignments based on number of credit hours

**Specify dates and times you have agreed to meet with your faculty sponsor for critical reflection:** *(Dates/times may be specific or in general terms.)*

Refer to course syllabus for due dates of assignments based on number of credit hour

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## Signatures

### Internship Site Supervisor Signature:

I have discussed the internship described above with \_\_\_\_\_  
(student's name). The expected hours and learning objectives are consistent with my  
expectations and I agree to support this internship to the best of my ability.

Signature: \_\_\_\_\_ (Internship Site Supervisor)

Date: \_\_\_\_\_

### Student Signature:

I, \_\_\_\_\_ (student's name) fully intend to fulfill  
the hours and learning objectives laid out above. A failure to do so may result in failing for  
this internship.

Signature: \_\_\_\_\_ (Student)

Date: \_\_\_\_\_

### Faculty Mentor/Instructor Signature:

I, \_\_\_\_\_ (faculty mentor's name) agree that the internship above  
fulfills the requirements for ASC 399.

Signature: \_\_\_\_\_ (Faculty Mentor/Instructor)

Date: \_\_\_\_\_

### Animal Sciences Director of Undergraduate Studies

I, \_\_\_\_\_ (DUS's name) agree that the internship above fulfills the  
requirements for ASC 399.

Signature: \_\_\_\_\_ (DUS)

Dates: \_\_\_\_\_