



Edgewood College  
DeRicci 210  
ECentral@edgewood.edu  
608-663-4300

NAME: \_\_\_\_\_

ID#: \_\_\_\_\_

## INTERNSHIP CONTRACT: IC 270

Internships are of experiential learning that integrates knowledge and theory learned in the classroom with practical application and skills development in a professional or community setting. Internships provide resources, equipment, and facilities that enable students to gain experience in a professional work environment, and provide students with skills or knowledge that are transferable to other settings. Internships with defined learning objectives, professional supervision, and opportunities for reflection offer valuable enriched learning experiences.

### POLICIES FOR ENROLLING IN INTERNSHIP COURSES:

- *Students must have a minimum 2.0 cumulative GPA*
- *Students are limited to one internship experience per term*
- *Students must take the course concurrently with their internship experience*
- *IC 270 may be taken for variable credits (1-4)*
- *General Education requirements may not be fulfilled through internships*
- *Students must complete an Internship Contract with their instructor*
- *Students must complete an Internship Agreement Form with their employer*
- *Registration Deadline: 1 or 2 credits = 50% into the term/session  
3 or 4 credits = 25% into the term/session*
- *A syllabus of the Internship is **required** and must be attached to this contract. Sample syllabi can be found at [careers.edgewood.edu](http://careers.edgewood.edu) under the Faculty and Staff tab or in the Resource Library in Handshake under Internships*
- *Any exceptions to the above policy must be granted by the Director of Career Development*
- *IC internship require the following hours-per-credit model*
  - *1 Credit = minimum of 50 hours*
  - *2 Credits = minimum of 100 hours*
  - *3 Credits = minimum of 150 hours*
  - *4 Credits = minimum of 200 hours*

TERM: \_\_\_\_\_ SESSION: \_\_\_\_\_ YEAR: 20 \_\_\_\_\_

COURSE: \_\_\_\_\_  
DEPT COURSE # SECTION # OF CREDITS ACCORDING TO SCALE ABOVE

\_\_\_\_\_  
STUDENT SIGNATURE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
NAME OF FACULTY INSTRUCTOR (PRINTED)

\_\_\_\_\_  
FACULTY INSTRUCTOR SUPERVISOR SIGNATURE DATE

\_\_\_\_\_  
FACULTY INSTRUCTOR SIGNATURE DATE

\_\_\_\_\_  
DIRECTOR OF CAREER DEVELOPMENT SIGNATURE

**FOR OFFICE USE ONLY**

DATE RECEIVED: \_\_\_\_\_

PROCESSED BY: \_\_\_\_\_

**Submit to:**

Edgewood Central  
210 DeRicci Hall  
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[ecentral@edgewood.edu](mailto:ecentral@edgewood.edu)