



Experiential Learning Contract

(Please type or print clearly. Return to CSTEP Office)

Student Name: _____ S.S.#: _____

Student Phone#: _____ GCC ID#: _____

Date: _____ Faculty Mentor: _____

Immediate Supervisor: _____ Phone#: _____

Employer: _____ Position: _____

Address of Place of Business: _____

Is this a major required internship/clinical experience, or research program?

____ Yes ____ No If yes, please specify _____

A. **OBJECTIVE:** State the specific learning objectives you plan to achieve through this experience.

B. **ACTIVITIES:** List the prescribed projects/activities you will do to meet these objectives.

C. **TIME SCHEDULE:** Period of experience: From _____ To _____

Approximate hours agreed upon per day: _____

D. **PERFORMANCE EVALUATION:** (Indicate which form and criteria will be used)

____ Professor Evaluation _____ Employer's evaluation

____ Standard existing evaluation used by program

____ Other (please specify) _____

E. **ACADEMIC CREDIT ARRANGEMENT:** (Optional – This section is to be completed if only if you have or will receive credits for this experience)

1. Course: (prefix) _____ Title _____ Credits _____

2. Credits will count as: _____ Elective in major _____ Elective

3. Course will be: _____ Graded _____ Pass/Fail (S/U)

4. Grade will be based on (Check all that apply):

_____ Paper _____ Product Assessment _____ Self-Assessment

_____ Diary, Journal, or Log _____ Performance Observation _____ Conference

_____ Other (please specify) _____

5. Indicate specifics for the above method(s) of evaluation (i.e. length of report, frequency of conferences, due dates, etc...)

F. **SIGNATURES:** The following have agreed to this proposal:

Student: _____

Date: _____

Faculty Mentor: _____

Date: _____

CSTEP Coordinator: _____

Date: _____

****Your internship/clinical/experiential learning position will be processed when these papers are returned to Jamie Schultz, CSTEP Coordinator****