



CAREER SERVICES

S997 Learning Contract

1. Student Information

Full Name _____

2. Faculty Advisor Information

Full Name _____

Email _____

3. Internship Site Information

Organization Name _____

Organization Website _____

4. Internship Site Supervisor Information

Supervisor Name _____

Supervisors Email _____



5. Enter your start date (mm/dd/yyyy)

CAREER SERVICES

6. Enter your **estimated end date** (mm/dd/yyyy)

7. Which credit option are you seeking?

4 Credit, for a total of 140 hours

2 Credit, for a total of 70 hours

8. Briefly describe your learning outcomes.

9. Briefly describe your duties.

10. A one-page reflection is required. Would you like to add any additional form of learning assessment for your faculty member? If so, briefly describe. If not, write no.



CAREER SERVICES

***Faculty advisors and site supervisors need to sign the learning contract document and email the signed copy to CSO (if there is a time constraints, Faculty Advisors and Site Supervisors need to confirm by CC'ng all parties involved through email that they saw the learning contract and the student is all set).**

Faculty Advisor Signature _____

Site Supervisor Signature _____



HARVARD
GRADUATE SCHOOL OF EDUCATION

CAREER SERVICES