

INTERNSHIP PROGRAM

Lehman College, Career Exploration & Development Center (CEDC)
250 Bedford Park Blvd. West, Shuster Hall 254, Bronx, NY 10468
718-960-8366/career.services@lehman.cuny.edu

LEARNING AGREEMENT

PART I: STUDENT

Student's Name: _____ Major/Minor: _____

Address: _____ Apt: _____

City: _____ State: _____ Zip Code: _____

Email: _____ Cell phone: _____ Home phone: _____

Title of internship position: _____

What kind of internship: Full In-Person Part In-Person/Part Remote Full Remote

STUDENT INTERN LEARNING OBJECTIVES

After discussing your learning objectives with your supervisor, list them below.

Objective 1: _____

Method of Accomplishment: _____

Objective 2: _____

Method of Accomplishment: _____

Objective 3: _____

Method of Accomplishment: _____

PART II: SUPERVISOR

Company Name: _____

Supervisor's Name: _____

Supervisor's Title: _____

Address: _____ Suite: _____

City: _____ State: _____ Zip Code: _____

Phone number: _____ Email: _____

WORK SCHEDULE (Both student and supervisor agreed upon the following student intern work schedule)

Semester/Year: Fall _____ Spring _____ Summer _____ Winter _____

Start Date: _____ End Date: _____ Total hours to be completed: _____

Day	Start Time	End Time	Total Daily Hours
Monday	AM PM	AM PM	
Tuesday	AM PM	AM PM	
Wednesday	AM PM	AM PM	
Thursday	AM PM	AM PM	
Friday	AM PM	AM PM	
Saturday	AM PM	AM PM	
Sunday	AM PM	AM PM	
			_____ Total Weekly Hours

COMPENSATION

Unpaid

Credit only (Student must obtain permission to register from the academic department and register for a credit bearing internship course in their major. Student is responsible for: ensuring the pre-requisites are fulfilled for that course; have elective credit available if internship is not required for major; ensure that the internship is approved by the faculty advisor for internship credit; registering for the course and adhering by the College registration deadlines. Student must complete internship and fulfill course requirements

simultaneously to receive a passing grade and receive credit.)

Paid with hourly rate of \$ _____

*The internship site is solely responsible to pay the intern for his/her work.

Stipend in the amount of \$ _____

Other compensation specified as: _____

I have read the above and agree to the terms:

STUDENT INTERN: I agree with and accept the academic and work assignments indicated in this learning agreement. I agree to complete all work and academic related assignments to the best of my ability. I accept the obligation of confidentiality in my work and agree to familiarize myself with and to adhere to the organization's relevant policies and procedures, and to the appropriate standards of ethical conduct. Further, I understand there are ordinary risks inherent in the workplace and I will become aware of such risks and I hereby agree to accept the internship assignment. I also understand that Lehman College and the Career Exploration & Development Center have no control over any hazards to which I may be exposed during the internship and I agree not to bring any action or lawsuit against the college or the Career Exploration & Development Center for any accidents or incidents that may occur in my transit to or from or while engaged in my duties in the internship assignment.

In signing this Agreement, I acknowledge that I understand that my participation in an in-person internship will involve risks and hazards not found in remote study at the College, which is the current mode of instruction required by the COVID-19 pandemic and the executive orders and directives of New York State. In ordinary times, these risks can range from a) minor injuries and illness such as bruises, and strains, to b) major injuries and illness such as broken limbs, loss of sight, neck or back injuries, heart attacks, and concussions, to c) catastrophic injuries, including paralysis and death, and also include risks of damage to or theft of personal property, and risks involved in traveling to and within, and returning from, internship sites. I understand that COVID-19 presents unique health risks, especially to those with underlying conditions, and that there may be other risks not known or reasonably foreseeable. I have sought and obtained information and advice that I feel are necessary and appropriate. I VOLUNTARILY ACCEPT AND ASSUME ALL OF THE RISKS IN PARTICIPATING IN THE INTERNSHIP and my participation in an internship with internship partner described below is voluntary.

Print Name **Signature** **Date**

INTERN SITE SUPERVISOR: I have discussed the internship with the student and have negotiated and assigned the work components which appear on this agreement. I agree to provide assistance, necessary training and consultation to help the intern make progress toward their learning goals and objectives. I further agree to provide the intern with an orientation concerning relevant organizational policies, procedures and functions, to meet with the intern regularly, and to be available for counsel and advice for the duration of the internship. I agree to conduct an evaluation of the student and to participate in a site visitation if requested. (A supervisor's evaluation form will be e-mailed to you toward the end of the academic term or internship work period.)

Print Name **Signature** **Date**

FACULTY SUPERVISOR: I concur with all components of this learning agreement. I agree to approve academic credit contingent upon the student meeting the requirements of the internship program such as registering for the appropriate course and submitting the necessary assignments timely.

Print Name **Signature** **Date**

LEHMAN COLLEGE INTERNSHIP SPECIALIST:

I have read and agree with all of the components of this learning agreement. In my judgment, the student is adequately prepared to meet the terms of the agreement, and I agree to work with the student to ensure that objectives and strategies are carried out. I agree to conduct an evaluation of the student and participate in a site visitation if possible.

Lehman Internship Specialist **Date**

PLEASE E-MAIL TO LUISIANA BAEZ-CANELA, INTERNSHIP SPECIALIST AT LUISIANA.BAEZCANELA@LEHMAN.CUNY.EDU

FOR OFFICE USE ONLY:

Date learning agreement received: _____ Internship Extended: _____