**College of Behavioral and Social Sciences**

**Social Science Internship Practicum Learning Contract**

**BSOS288I. I201**

This contract must be completed and signed by the student *and* the supervisor before submitting it to **Kathryn Hopps, BSOS Internship Coordinator, in 2141 Tydings (campus mailbox) or scanned and emailed to khopps@umd.edu**. Students will be notified via e-mail when this contract is approved and then must register for this course by **4:30 pm, July 12, 2013, the end of schedule adjustment**.

**Student Eligibility Requirements**

* Completed 30-60 credits by the end of Summer I 2013
* Minimum GPA: 2.5

**Internship Eligibility Requirement**

* The experience must be new to the student; the internship cannot be a continuation of a current internship or one for which a student has previously earned credit.
* The Internship must be done at a professional work site with direct supervision. Internet-based internships are not eligible.

***When completing all contract sections please type or print neatly and legibly using black ink***

**A. Student Information**

Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ UID \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

E-mail \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Local address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Permanent address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Declared major(s) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ GPA \_\_\_\_\_\_\_ # of credits completed \_\_\_\_

School or College of primary major \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Have you ever received credit for another internship while a college student? \_\_\_\_Yes \_\_\_No

If yes, briefly list the course number, credits, internship provider and your responsibilities and duties for each previous internship:

Course #\_\_\_\_\_\_\_\_\_\_\_\_ Credits Earned\_\_\_\_ Organization\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Internship Supervisor name and position\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Your responsibilities and duties:

Course #\_\_\_\_\_\_\_\_\_\_\_\_ Credits Earned\_\_\_\_ Organization\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Internship Supervisor name and position\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Your responsibilities and duties:

**Note: If you have completed additional internships as a college student, list the information on the reverse.**

***\*\*\** REQUIRED*:*  *Attach an up to date unofficial transcript \*\*\*\****

**B. Internship Site**

Organization \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Internship Supervisor name and position\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Title: Circle one: Ms. Mr. Dr. Prof. Other-provide\_\_\_\_\_\_\_

E-mail address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**C. Internship**

Internship hours exclude travel time and non-work related meals & must be completed by **August 16, 2013**

**1. Check which one of the following credit options you have selected:**

\_\_\_1 credit = 45 internship hours \_\_\_2 credits = 90 internship hours \_\_\_3 credits = 135 internship hours

**2. Schedule**

Start date\_\_\_\_\_\_\_\_\_\_\_ End date\_\_\_\_\_\_\_\_\_\_ Total # of Weeks \_\_\_\_\_ Avg. # of hours/wk\_\_\_\_\_\_\_ **Total # hours** \_\_\_\_\_\_\_

**Note: *Interns are solely responsible for ensuring they are able to complete their correct hours*** *by August 16, 2013.*

**D. Intern Requirements**

* Complete required internship hours.
* Submit BSOS internship time logs signed by your supervisor every two weeks on the schedule on course syllabus.
* Complete BSOS 288I assignments - see course syllabus.
* Notify BSOS internship coordinator of new internship supervisor and contact information if applicable.
* Note: your signature confirms that this is a new internship experience for which you have not previously earned credit.
* The University’s Code of Academic Integrity applies to this internship and course.

**E. Supervisor Requirements**

* Directly oversee intern and confirm and approve intern hours on BSOS Internship time log every two weeks.
* Meet regularly, preferably at least weekly, with intern to monitor attendance and performance, to provide feedback, and to review objectives.
* Complete and return a Final Intern Evaluation **by the last day of the student’s internship and no later than August 12, 2013.** This will be sent to you via email prior to this date. The evaluation is a critical component of the student Intern’s course grade.
* Note: your signature confirms that this is a new and non-continuing internship experience for this student, that their responsibilities are primarily of a pre-professional or para-professional nature and that he or she will not be asked or required to work more than nine hours in a single work day or 45 hours in a calendar week.

**F. Internship-specific learning objectives, learning activities, evaluation, and description**

What do you intend to learn through this experience? Be specific. Try to use concrete, measurable terms. Consider academic and career goals.

Describe how your internship activities will enable you to meet your learning objectives. Include projects, research, report writing, and other internship activities, relating them to what you intend to learn.

How will you know what you have learned or that you have achieved your learning objectives?

Provide a detailed description of **your** specific responsibilities and duties (you may attach a copy if available).

**G. Supervision**

**When** and **how** will you be supervised and your performance evaluated by your intern supervisor? We expect **weekly** in-person intern-intern supervisor meetings to discuss assignments and performance plus feedback..

**H. Compensation**

Are you being compensated (e.g. hourly wage, stipend, transportation assistance)? \_\_\_Yes \_\_\_No

If yes, please describe your compensation.

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Contract approvals:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Student Signature Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Internship Supervisor Signature Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Kathryn Hopps**, BSOS Internship Coordinator Signature Date

\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*

For BSOS use only: ERS date\_\_\_\_\_\_ Date Intern super eval sent \_\_\_\_\_\_ rec \_\_\_\_\_\_

6/13

**I. The following Consent and release form must be signed, *using a pen*, and returned with the contract prior to review and approval.**

**UNIVERSITY OF MARYLAND, COLLEGE PARK**

**Informed Consent and Release**

In consideration of being permitted to participate in the University of Maryland, College Park’s College of Behavioral & Social Sciences Internship Program, (hereinafter the "Program"), I voluntarily agree to indemnify, release and hold harmless the State of Maryland, the University and its officers, agents, employees and volunteers from any and all costs, liabilities, expenses, claims, compensation, demands, causes of action on account of any loss or personal injury to me that might result from my participation in the Program, whether arising through my own negligence, omission, default, or that of the University.

I understand that the voluntary Program may require that I perform tasks off-campus and that transportation to and from the off-campus site is at my own risk and expense. As with any activity, there are certain inherent and unforeseen risks and losses that cannot be prevented. Should I require emergency medical treatment as a result of illness, injury or accident during the internship, I consent to such treatment and acknowledge that I am responsible for any and all costs associated with that treatment. I will notify the University in writing if I have any medical conditions (e.g., allergies, asthma, epilepsy, bee-string reactions, etc.) that may limit the extent of my physical abilities/participation and about which emergency personnel should be informed.

Further, I understand that photographs are not considered ‘directory information’ by the University as defined by the federal Family Educational Rights & Privacy Act (FERPA). Consequently, my likeness cannot be used without this grant of permission. In addition, I understand that with this Consent & Release, I am expressly granting the University permission to use and release my likeness in either photographic or videographic format for future University use. Finally, I understand that I am free to withdraw my consent in writing for future use at any time without penalty. The University will not be required to notify me prior to using or releasing my likeness.

I have read and signed this document with full knowledge of its significance. I further state that I am either 18 years of age or older and competent to sign this Consent and Release, or that I have discussed this with my parents/legal guardian, who by their signature below agree with my decision to participate in the Internship Program and to all of the terms and conditions stated above.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Participant (print) Signature of Participant (use a pen) Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Parent/Guardian (if participant if under 18) Date

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Name and Relationship of Person to Contact in Emergency

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Daytime Phone Number AND Evening Phone Number for Person to Contact in Emergency

Last Revised 4/2012