

FIELD EXPERIENCE LEARNING CONTRACT

Student Success Center • (319) 352-8444 • E-mail: jo.dorrance@wartburg.edu • 100
Wartburg Blvd. Waverly, IA 50677

Supervised career exploration experience off-campus. Application of academic learning to practical experience. P/D/F only. A minimum of 140 hours at the field experience site and a reflective paper required for 1 academic credit.

A. Information to be completed by Student

Student _____ ID# _____
Last name First name

Permanent Address _____ City _____ State _____ Zip _____ Tel (____) _____

E-Mail _____ Major _____ CUM GPA _____

Faculty Sponsor _____ Title of Field Experience Position _____

Course Number _____ 140 Hours Required for 1 academic credit _____

Start Date _____ End Date _____ Hours Per Week _____ Number of weeks _____ Total Hours _____

Term Fall Winter May Summer Year First Second Third Fourth

Completed Form Due: _____

B. Academic Component Description—to be completed by Student and Faculty Sponsor

Learning Objective: What academic, career and personal issues are you exploring in your field experience?

Required Method of Evaluation: Reflective report on academic, career and personal experiences.

Other: _____

C. Field Placement Site Information—to be completed by Student and Field Placement Site Supervisor

Organization Name _____

Address _____ City _____ State _____ Zip _____

Supervisor E-mail _____ Phone# _____ Fax# _____

Site Supervisor Name _____ Title _____

Please describe the student's learning opportunities (list activities, projects, meetings, training, etc.)

D. Agreements and Signatures

- Student: I concur with and accept the academic and work assignments indicated above. I understand and will adhere to the field placement registration procedure and the policies outlined on the Experiential Learning Waiver. I accept the obligation of confidentiality in my work and will familiarize myself with and adhere to the organization's relevant policies/procedures and appropriate standards and ethical conduct.

Student Signature Date

- Site Supervisor: I have discussed the field placement with the student and we have agreed upon the assigned work components appearing above. I agree to provide training and consultation to the student in order to achieve the above learning objectives, provide information concerning our organizational policies and procedures and meet with the student regularly.

Field Placement Site Supervisor Signature Date

- Faculty Sponsor: I have discussed the academic component of this field placement with the student. We have reached agreement on the learning objectives as indicated above. I further agree to meet regularly with the student to discuss the field experience. I will conduct an assessment/evaluation and do an on-site visit if possible.

Faculty Sponsor Signature Date

Department Chair Signature Date _____
Advisor Signature Date

E. Approval

This Field Placement Learning Agreement must be returned to and approved by the Center for Community Engagement, 204 Vogel Library.

Associate Director of Internships Date

Director of International Programs (International Students Only) Date