



# Learning Contract

Foreign Language Internship & "Learn & Serve" Program

Student Name \_\_\_\_\_ KSU# \_\_\_\_\_  
Last First MI

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

Phone \_\_\_\_\_ Email \_\_\_\_\_

Host Organization \_\_\_\_\_

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

On-Site Supervisor \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

Faculty Coordinator \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

Internship semester \_\_\_\_\_  
Begin date End date

Hours per week \_\_\_\_\_ Number of credits \_\_\_\_\_

375 Cobb Ave • Kennesaw, GA, 30144 • Pilcher Service Building, Room 221

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## Assessment

Indicate the percentage of credit associated with each activity listed above.

### Activity

_____	_____ %
_____	_____ %
_____	_____ %
_____	_____ %
_____	_____ %

## General agreements

This contract can be modified during the internship if all signing parties agree to do so.

The student or the host-organization reserves the right to terminate the internship provided that the faculty supervisor has been consulted about the matter and notified in writing of the cause for termination.

I agree to the terms of the Learning Contract:

Signature: \_\_\_\_\_  
Intern Date

We understand and approve the terms of the Learning Contract:

Signature: \_\_\_\_\_  
Department of Foreign Languages Faculty Coordinator Date

Signature: \_\_\_\_\_  
Department of Foreign Languages Advisor Date

Signature: \_\_\_\_\_  
On-site Supervisor Date