



UNIVERSITY OF  
ARKANSAS™

**HIGHER EDUCATION MASTER'S PROGRAM**

**Internship Contract for HIED 5643 Reflective Practice in  
Student Affairs**

Student Name: \_\_\_\_\_

Date: \_\_\_\_\_ Student ID#: \_\_\_\_\_

Semester:  Fall  Spring  Summer Year: \_\_\_\_\_

Student Phone Number: \_\_\_\_\_ Student Email: \_\_\_\_\_

**Internship Site Information**

On-Site Supervisor Name: \_\_\_\_\_

Supervisor's Title: \_\_\_\_\_

Supervisor's E-Mail: \_\_\_\_\_

Supervisor's Department Name: \_\_\_\_\_

Supervisor's University Mailing Address: \_\_\_\_\_

Supervisor's Campus Phone: \_\_\_\_\_

**Purpose** (Describe the overall nature of the internship):

**Goals** (list and describe what you want to accomplish, including skills you would like to develop):

**Responsibilities** (List and describe your specific responsibilities):

**Activities** (list and describe the activities you will engage to accomplish to your goals):

**Products** (list and describe if any products will be produced by the student and provided to the unit hosting unit such as a training manual, reports, research, etc.):

**Internship Dates** (Inclusive dates of the internship)

Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_

Upon the completion of the internship, your work will be evaluated based on the following criteria: (1) completion of the required 120 hours; (2) submission of your portfolio documenting all materials developed during the internship; (3) exit interview with the professional site supervisor and faculty internship advisor, supervisor evaluation, student self-evaluation. (See *Internship Guidelines* for the required contents for your portfolio.)

Approvals:

\_\_\_\_\_

Student

\_\_\_\_\_

Date

\_\_\_\_\_

Internship Supervisor

\_\_\_\_\_

Date

\_\_\_\_\_

Faculty Internship Advisor

\_\_\_\_\_

Date

Revised: August 11, 2015