

Pepperdine University
Seaver College Experiential Learning Agreement
Application

A. Registration Information- to be completed by Student

Student _____ Tel _____ Student ID _____
Address _____
Pepperdine e-mail _____
Major _____ Units completed _____ Term _____
Course Number _____ Number of Units _____ Grade or CR/NC (circle one) _____

B. Employment Information-to be completed by Student & Employer

Employer Name _____ Tel _____
Address _____ City _____ Zip _____
Supervisor Name _____ Title _____ Tel _____
Start date: _____ End date: _____ Hours per week: _____ Number of weeks _____
Schedule Mon _____ Tues _____ Wed _____ Thurs _____ Fri _____ Sat _____ Sun _____
Describe the job responsibilities, tasks, and learning opportunities:

**C. Primary Learning Objectives -to be completed by Student and Division Faculty
Internship Sponsor:**

1 _____
2 _____
3 _____

Division Chair Signature _____ **Date** _____

Agreements and Signatures

Employer: I have reviewed this Experiential Learning Agreement with the student and we have agreed upon the assigned work and learning components appearing above. I agree to provide assistance, training, consultation and periodic review in order to assist the student in meeting their goals and primary learning objectives; and provide an orientation to our organization, policies and procedures. I will submit a mid-semester and an end of term review.

Employer signature _____ **Date** _____

Division Faculty Internship Sponsor:

I have reviewed the Primary Learning Objectives with the student.

Faculty signature _____ **Date** _____

Student Intern: I concur with the work assignments and learning objectives. I will complete all required course work.

Student Signature _____ **Date** _____