

**Webster University English Department
Experiential Education Learning Agreement**

STUDENT AND SITE INFORMATION:

Name: _____

Address: _____

E-mail: _____

Phone #: _____

Year in College: _____

Major(s): _____

Student ID#: _____

Experience Site: _____

Address: _____

Phone #: _____

Fax #: _____

Supervisor/Mentor: _____

Supervisor/Mentor's Title: _____

Supervisor/Mentor's E-mail: _____

Student's Title _____

Start Date: ____/____/____ End Date: ____/____/____

Hours per week: Hours total:

Please also attach a brief position description

COURSE INFORMATION:

Faculty Mentor: _____

Course Subtitle: _____

Credit Hours: _____

TERMS OF AGREEMENT:

The learning agreement for each student/alum will be a period agreed upon by the organization, student/alum, and Webster University. Students/alumni participating in experiential education will adhere to the Webster University Academic Policies outlined in the Undergraduate and Graduate Catalogs. Students/alumni will also adhere to the Policies and Procedures listed in the Webster University Student Handbook and Experiential Education Student Handbook. In the event that the organization is dissatisfied with the performance of a student/alum, termination of the agreement can be requested by the organization only after the Faculty Mentor has been notified in advance and a satisfactory resolution cannot be obtained. Conversely, the University may request termination of the agreement for any student/alum not complying with University academic and student policies and procedures. In the event of such University initiated termination, the student/alum and organization personnel will be notified in advance and termination will occur only if a satisfactory resolution cannot be obtained. Any changes by the student/alum, including prematurely leaving the internship/co-op site, must first be discussed with the Faculty Mentor in order to continue to participate in future opportunities.

Signature of Student: _____ Date: ____/____/____

Signature of Parent/Legal Guardian (if student is under the age of 18):
_____ Date: ____/____/____

Signature of Employer: _____ Date: ____/____/____

Signature of Faculty Mentor: _____ Date: ____/____/____

Thank you for completing this agreement.