

**SOC 399: Practicum in Sociology  
University of Kentucky**

**LEARNING CONTRACT**

**NOTE: A signed copy must be provided to the internship field site supervisor and placed on file with the Sociology office.**

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***Student Information***

Student Name:  
E-mail:  
Phone:  
Address:  
City/ST/Zip  
Major:  
College:  
Class Level:  
Student Number *(not SSN)*:

***Course Information***

Semester/Year:  
Credit Hours:  
Paid\_\_\_\_\_ Unpaid\_\_\_\_\_

***Internship Partner Information***

Organization/Company Name:  
Supervisor's Name:  
E-mail:  
Phone:  
Address:  
City/ST/Zip:

***Hours***

Starting Date:  
Ending Date:  
Total Number of Weeks:  
Average Hours Per Week:  
Total Hours Worked:

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Describe the duties of your internship:

