

Must be completed jointly
by supervisor and student,
reviewed by instructor,
and signed by all parties
prior to the start of work.

STUDENT STUDY PLAN & CONTRACT NMA WORK/STUDY

STUDENT: _____ Semester/Year: Fall 2024

Contact Number(s): (808) 990-2851 Email(s): apalilio@hawaii.edu

WORK/STUDY LOCATON: _____

Address: _____

Website: wasiswas.com

Company/Project Information (what type of work does this firm usually do?): _____

Advertising Agency

Site Supervisor Name and Position Title: Bradley Shin

Phone Number(s): (808) 561-6020 Email(s): brad@wasiswas.com

Available Mentor(s) & Position Title(s): _____

Bradley Shin - Creative Director/Copywriter

Number of work/study credit hours you are enrolled in this semester (3 or 6 credits): 3

Number of hours you have committed to work at this location (e.g. 100, or approx 10hrs/week): 80

Description of duties/responsibilities during the work/study period: _____

Student Learning Outcomes (What will the student learn from this experience): _____

Work/Study Schedule (Days and times): M/W: 8am-1pm Friday: 9-10am/5-7pm

Projected Start and End Date (based on your Work/Study Schedule above): _____

October 23-December 9

Other Commitments Schedule (ie. Days and Times of other Employment and/or School Schedule): _____

Compensation Details: unpaid *Off-site work should be compensated at minimum wage or above. On-site opportunities may or may not be compensated, depending on how the location meets the provisions set forth by the*

United States Department of Labor: <https://www.dol.gov/agencies/whd/fact-sheets/71-flsa-internships>

(Student Study Plan and Contract continued)

DIGITAL SIGNATURES REQUIRED ON THIS FILE. Digital signatures are obtained by clicking the signature box below and setting up Acrobat Professional's settings for digital signature function.

STUDENT important policy verification and signature.

The number of hours required for this course is flexible, based upon the start date. An ideal work/study commitment would be 10 hours/week for 10 weeks, for a total of 100 hours. More or less hours are acceptable and should be determined by the supervisor and student, with instructor approval if the number of hours is to exceed 100 hours total.

You must complete the number of hours you have stated in this agreement by the end of the semester in which you are enrolled. You must inform your supervising agent and instructor in writing (via email) upon approaching the completion of these hours. You must also ultimately complete the number of hours required for credit in the course.

Under special circumstances, which are beyond your control, you may be granted an incomplete in order to complete the remainder of your hours. The instructor reserves the right to verify your circumstance through your supervising agent or by requesting valid documentation. It is your responsibility to bring it to the attention of the instructor in a timely manner, if you feel that circumstances will impede you from completing your hours as stated in this agreement and as required in the course.

Please note that an incomplete is granted only on rare occasions and on a case-by-case basis and if granted, the completion date for an incomplete is set at the discretion of the instructor, however it may not exceed the submission deadline as imposed by Kapiolani Community College's policy on Incompletes.

In the event that you are unable to complete the service hours and documentation/assignments required for the course prior to the Incomplete Submission Deadlines, you must retake the work/study course; however, your previously earned credit hours will be reset and you will NOT be granted credit forward for hours worked in a previous term, as work/study hours accrued prior to the semester in which you are enrolled in the course will NOT be awarded retroactively. For additional information, please refer to course syllabus.

I have read, and understand the policy as stated above.



STUDENT Digital Signature

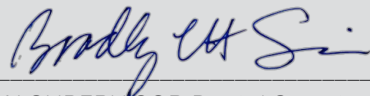
Date

SITE SUPERVISOR verification and signature.

Supervising agent verifies and agrees to all content within this document as being accurate to the best of their knowledge, and that the student will indeed be performing the tasks as documented in this Study Plan and Contract.

Supervising agent verifies that the student will be supervised and/or mentored by a multimedia professional in area of assigned work to provide necessary feedback/training, throughout the duration of this work/study arrangement.

Supervising agent verifies that they have read the accompanying Industry Handout and agree to complete and discuss the Evaluation Survey with the student upon completion of student's service hours.



LOCATION SUPERVISOR Digital Signature

Date

STUDENT: PLACE THIS DOCUMENT IN YOUR LAULIMA DROP BOX feature. Upon receiving this digital document, the instructor will review, verify data as necessary, sign and redistribute to all parties for their records. **You may not begin working until all signatures have been acquired.**

INSTRUCTOR approval and signature.

INSTRUCTOR Digital Signature

Date