



Internship Learning Agreement

STUDENT INFORMATION

Student Name:	C#:	
Local Address:	Cell/Local Phone:	
E-mail address:	Faculty Sponsor:	
Major:	Credit hrs earned:	Overall GPA:

EMPLOYER INFORMATION

Work Site Name/Mailing Address:

Supervisor:	Title:	
Office Phone:	Fax:	
Starting Date:	Ending Date:	
Hours/week:	Days/times:	Total Hours Contributed:
Stipend:	Hourly Wage:	Other Compensation:

Internship Description (duties):

Training and On-site Supervision:

Employer/Site Supervisor Signature:	Date:
Student Signature:	Date:

ACADEMIC INFORMATION (to be completed by student and faculty sponsor)

Learning Objectives:

1. _____
2. _____
3. _____
4. _____

Mandatory Items:

Student resume attached? Intern position description completed? Employer signature on Page 1?

Has a schedule been confirmed to ensure regular contact between the intern and the faculty sponsor? Yes No

Due date for "Employer Intern Appraisal:" _____

Mandatory paper/project description:

Optional Items: Daily Journal Weekly Journal Biweekly Journal

Additional assignments (readings, book reviews, etc.)

Number of credit hours requested _____ Section #/CRN (assigned by Internship Office) _____

All students seeking to secure internship credit must complete this Learning Agreement and secure signatures below prior to the deadlines listed below. Extension requests due to extenuating circumstances must be reviewed and approved by the Associate Dean.

Internship Term	Learning Agreement must be completed on or before:
Summer Session I	May 1 st
Summer Session II	June 1 st
Fall (full semester or 1 st quarter)	July 1 st
Fall (2 nd quarter)	October 1 st
Winter Term	December 1 st
Spring (full semester or 3 rd quarter)	December 1 st
Spring (4 th quarter)	March 1 st

SIGNATURES

Student _____ date _____

Faculty Sponsor _____ date _____

Department Chair _____ date _____

Associate Dean/designee _____ date _____

Internship Office Coordinator _____ date _____

Office use only:	student	sponsor	database	registration date:
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