



School Based 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

School Name/Mailing Address:

Teacher/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:

Teacher/Administrator Signature: _____ Date: _____

Student Signature: _____ Date: _____

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

Learning Objectives:

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

Mandatory Items:

Student resume attached? Intern position description completed? Teacher 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 "School Based Intern Appraisal:" _____

Mandatory paper/project description: _____

Optional Items:

Journal? Daily Weekly Biweekly
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 _____