

INTERNSHIP PROGRAM - STUDENT LEARNING AGREEMENT

Read, complete and return to Dr. Chizeck via email.

St	udent:	Phone:	Phone:			
Fa	aculty Supervisor: <u>Susan P. Chizeck, Ph.D.</u>	Phone:	972-883-2248			
Si	te Supervisor:Phone	e:Email:				
Ρl	acement Site:					
	(Complete name of agency, and subdivision if a	applicable)				
	(Complete address – including city, state, & zip	o – of agency)				
IN	<u>ISTRUCTIONS</u>					
1.	After discussion with your supervisors, fill out <u>both sides</u> of this form legibly.					
2.	. Obtain the required signatures, after your supervisors have approved the agreement.					
3. Submit the original Learning Agreement to Dr. Chizeck, the Director of the Internship F						
	When all signatures are obtained, give one copy to	your site supervisor and ke	ep one copy for			
	your records.					
۱ŀ	nave reviewed this agreement and will monitor and e	valuate this internship base	d on the assignments			
ag	greed upon herein.					
Signature of Site Supervisor						
Si	gnature of Faculty Supervisor					
l ł	nave read all internship handouts.					
Si	gnature of Student Intern	— — Date				

Comet Creed: As a Comet, I pledge honesty, integrity, and service in all I do.

Outline the following below (please print legibly):

1.	Student's goals and objectives during the internship:					
	(consider knowle	dge to acquire; skills to de	evelop; problems	s to solve; values to clarify)		
Startin	g Date:	Expected Ending Date:		Average hours per week: _		
	C:::::	and the the City Course				
2.		assigned by the Site Supe				
Studen	t receives financia	compensation: _	yes	no		
3.	Academic work a	greed on with Faculty Sup	pervisor:			
	# of credits					
	Journal + Summa	ry				
My Res	search Paper Topic	is:				

Internship Schedule

Name:	C = Class
Work Phone	W = Work
Home Phone	S= Internship Site

Schedule	Sun	Mon	Tues	Wed	Thurs	Fri	Sat
8 am							
9 am							
10 am							
11 am							
12 pm							
1 pm							
2 pm							
3 pm							
4 pm							
5 pm							
6 pm							
7 pm							
8 pm							