

INTERNSHIP PROGRAM - STUDENT LEARNING AGREEMENT

Student: _____ Phone: _____

Faculty Supervisor: Susan P. Chizeck, Ph.D. Phone: 972-883-2248

Site Supervisor: _____ Phone: _____

Placement Site: _____

(Complete name of agency, and subdivision if applicable)

(Complete address – including city, state, & zip – of agency)

INSTRUCTIONS

1. After discussion with your supervisors, fill out both sides of this form legibly.
2. Obtain the required signatures, after your supervisors have approved the agreement.
3. Submit the original Learning Agreement by **Thursday, September 3** to Dr. Chizeck, the Director of the Internship Program. When all signatures are obtained, give one copy to your site supervisor and keep one copy for your records.

I have reviewed this agreement and will monitor and evaluate this internship based on the assignments agreed upon herein.

Signature of Site Supervisor

Date

Signature of Faculty Supervisor

Date

I have read all internship handouts.

Signature of Student Intern

Date

Outline below the following (please print legibly):

1. Student's goals and objectives during the internship:
(consider knowledge to acquire; skills to develop; problems to solve; values to clarify)

Starting Date: _____ Expected Ending Date: _____ Average hours per week: _____

2. Specific projects assigned by the Site Supervisor:

Student receives financial compensation: _____ yes _____ no

3. Academic work agreed on with Faculty Supervisor:

of credits _____

Journal + Summary

My Research Paper Topic is: