



Student Learning Agreement

The Learning Agreement is designed to help both students and supervisors clarify expectations regarding the internship experience. It should be discussed and completed by the second week of the internship and submitted, by the student, to the Internship Coordinator, CCSJ, Room 400. A copy will then be forwarded to the student's Department Chair.

Your Department Chair may request that a student/supervisor use an alternative form or format for the Learning Agreement. This will be discussed at the time the internship is arranged.

Student Name _____

Phone Number _____ Email Address _____

Internship Description

Business/Organization Name _____

Supervisor Name _____

Title _____

Phone Number _____ Email Address _____

Brief Description of Intern Tasks/Responsibilities

(activities, projects, reports, meetings, etc.)

Brief Description of Supervisor Responsibilities

(knowledge and skills to be taught and/or experiences student will be exposed to, plan for supervision, etc.)

I further understand that I must fulfill all my obligations with the organization and the College in order to receive course credit for this internship.

Student Signature _____ Date _____

Supervisor Signature _____ Date _____