

Internship Program

LEARNING AGREEMENT (sample)

Intern Information

Date

Start Date

End Date

Intern's name

Your Phone #

Sponsor/ Organization's Name

Internship phone #

Discuss and develop learning objectives with your supervisor for the following areas:

Knowledge you will gain about

1) the organization/industry;

2) the career field

Technical and general skills you will develop by the end of your internship.

Salary

Volunteer

What written or people resources you will use to learn the above.

(i.e. Trade publications, Manuals, Organization Charts, Professional meetings)

Additional or Revised responsibilities or projects you would like to have during your intern ship experience.

SIGNATURES

Supervisor's Signature Date

Intern's Signature Date