
ACADEMIC INTERNSHIP PROGRAM

LEARNING AGREEMENT

Name of Student _____

Name AND address of organization _____

Student will work _____ hours a week _____ to _____
Beginning Date Ending Date

Has the student ever worked in any capacity in the past within this organization? YES NO (circle one)
If yes, for how long? _____ Describe the previous duties and responsibilities:

Briefly describe the training and orientation the student will receive:

Describe responsibilities, projects or assignments the student will be given: (Attach additional sheet if needed.)

How often do you plan to meet with your student for discussion/evaluation? _____

Supervisor/Mentor Name (print) _____ Title _____

Phone # _____ Fax # _____ Email _____

Supervisor/Mentor Signature _____ Date _____

Student Signature _____ Date _____

Faculty Advisor Signature _____ Date _____

A.I.P. Director Signature _____ Date _____