LEARNING AGREEMENT WORKSHEET

Print this form and then prepare it as a draft to review with your internship faculty sponsor. When your faculty sponsor has approved this form, enter the information into the Career Connections Opportunities Board system to create the formal agreement with all parties: employer, department, and yourself. If you need guidance, please contact the Internship Office at 253-535-7324.

Name ___________________________________________ Student ID ________________ Class Standing: SO JR SR GRAD

Major(s)/Minor(s)/Concentration_________________________________ / ___________________________________ / ____________________________

Current Address _________________________________________________________________________ ______________________________________

Street City State Zip

Current Phone ________________________ E-mail ____________________________________

Graduation Date _______________________________

CONSULT YOUR WORK SUPERVISOR TO ASSURE ACCURACY IN THIS SECTION

Employer (Firm Name) _____________________________________________ Internship Begins _________ Ends _________

Address ____________________________________________________________ Non-Profit Org. □

Street City State Zip

Work Supervisor's Name __________________________________________ Title _______________________

Phone ________________________ E-mail __________________________________ URL _______________________

Compensation: Work-Study ______ Wages $_________/__________ Hours/Week _________ No. of Weeks _________

Unpaid ______ Other ______ Commission, Meals, Housing, Travel, etc. $___________

CONSULT YOUR FACULTY SPONSOR TO COMPLETE THIS SECTION Course (Department & Number) ____________________ Credit Hours________

Faculty Sponsor’s Name ______________________________________ Department ________________ Phone ________________

Title of Internship Position ______________________________________ Academic Project Due Date ________________

Describe Employer’s Business: Intern’s Specific Duties:
LEARNING PLAN

Consult Your Faculty Sponsor to Complete This Section

<table>
<thead>
<tr>
<th>OBJECTIVES TO BE MET</th>
<th>RESOURCES AND METHODS TO BE USED</th>
<th>DOCUMENTATION OF LEARNING</th>
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</thead>
<tbody>
<tr>
<td>This is where you outline what you expect to learn from this internship experience. Determine these by yourself, in conference with your faculty sponsor and/or with your work supervisor.</td>
<td>This is where you outline what you will do at your work site to achieve the objectives. Much of this is based on your work assignment but is not limited to your job. You have resources and opportunities beyond your work that can help you achieve your objectives. Review your job description and visit with your work supervisor and your faculty sponsor to complete this section.</td>
<td>This is where you summarize what you will do to document your learning and objective achievement. Examples: a daily log of your activities with comments on what you learned; periodic progress reports on your objectives; or a final reflective paper (usually more than one documentation method is assigned). Visit with your faculty sponsor to complete this section.</td>
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</tbody>
</table>

When entered into the Career Connections Opportunities Board system, it will be processed for authorizations from your faculty sponsor, department chair, and employer. This will generate your registration. Go to [www.plu.edu/intern](http://www.plu.edu/intern) and click on the Career Connections icon on the right. In the left menu, you will see “Complete the Internship Learning Agreement” link. Select the term of your internship, click the “Other” tab, and follow through. If you have any questions, please contact the Internship Office at 535-7324.