



# Learning Agreement

**DUE: Two weeks after Internship begins**

## ABOUT YOU

Name: \_\_\_\_\_ Major: \_\_\_\_\_

Address: \_\_\_\_\_

Residence Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_

## YOUR ADVISOR

Name \_\_\_\_\_ Department \_\_\_\_\_

## YOUR JOB

Company/Organization \_\_\_\_\_

Address \_\_\_\_\_  
Number Street City State Zip

Job Title: \_\_\_\_\_ Work Phone \_\_\_\_\_ Ext. \_\_\_\_\_

Supervisor: \_\_\_\_\_ Phone: \_\_\_\_\_

## LEARNING

**A. Objectives:** Think about what you want to gain from this experience. At the end of the semester, what new skills would you like to have learned? Consult with your advisor and your employer to establish these goals.

❖ OBJECTIVE 1 \_\_\_\_\_

\_\_\_\_\_

❖ OBJECTIVE 2 \_\_\_\_\_

\_\_\_\_\_

❖ OBJECTIVE 3 \_\_\_\_\_

\_\_\_\_\_

**B. Tasks & Resources:** How am I going to learn and what resources will I use?

❖ TASKS \_\_\_\_\_

\_\_\_\_\_

❖ RESOURCES \_\_\_\_\_

\_\_\_\_\_

## SIGNATURES

\_\_\_\_\_  
*Student/Date*

\_\_\_\_\_  
*Supervisor/Date*

\_\_\_\_\_  
*Advisor/Date*

\_\_\_\_\_  
*COOP Director/Date*