

Learning Contract — Specific Learning Outcomes

Record the specific learning outcomes agreed upon for this internship. Complete the semester and year, describe each objective, and obtain the required signatures.

Semester: _____

Year: _____

Objectives

Objective 1:

Objective 2:

Objective 3:

Objective 4:

Signatures

Student Signature: _____

Date: _____

Work-Site Supervisor Signature: _____

Date: _____

Faculty Internship Advisor Signature: _____

Date: _____