HEALTH

Learning Agreement

INSTRUCTIONS: This completed Learning Agreement must be submitted prior to your unpaid internship experience, together with the signature of an appropriate academic advisor or school official. The purpose is to describe what you intend to learn during the course of your internship, how you intend to learn and how completion of objectives will be evaluated. **An appropriate course description or syllabus may be attached.*

INTERN INFORMATON:

Name: Student ID #: Major: Academic Advisor or School Official:

LEARNING OBJECTIVES: Describe **what** you expect to learn during this internship (e.g., expand/develop knowledge in a specific area, improve specific skills/competencies or gain personal insight regarding a career or educational pathway). Please include at least two objectives.

LEARNING ACTIVITIES: Describe **how** you intend to achieve your objectives (e.g., perform specific tasks on a project, receive instruction, perform assigned reading, observe procedures, attend meetings, research a topic, participate in mentored/supervised activities). Please include at least one activity for each learning objective. If seeking course credit, include expected number of hours and responsibilities.

EVALUATION: Describe how your completion of objectives will be evaluated (e.g., papers, projects, readings, reflection journal, seminars, presentations, evaluation).

REQUIRED SIGNATURES:

Academic Advisor/ School Official