

Student Learning Agreement – Academic Internship

Directions:

1. Faculty distribute to students;
2. Students complete it and sign it;
3. Faculty review and sign off;
4. Students have Academic Internship site supervisor review and sign;
5. Students submit fully signed document back to faculty member.

Student Learning Agreement must be submitted to CSC Department with Internship Registration Form and offer letter.

Course & Section Number (e.g., RPTA 195, Section 02): _____

Faculty name: _____

1. Student information:

Student Name: _____

Cell phone: _____ SacLink E-mail: _____

In case of Emergency, please notify:

Name: _____ Relationship: _____

Cell phone: _____ Home phone: _____

2. Estimated number of Service Learning hours required during the semester (determined in consultation with faculty member: _____)

3. Scope of Work to be completed by student during academic internship placement* (completed in consultation with faculty member). Please provide an overview of the type of work you (the student) will be doing at the site and be as specific as possible (e.g., working directly with clients, project development, database and website development, marketing plans, etc.)

4. Identify 2-3 anticipated learning outcomes – be as specific as possible: (e.g., by the end of this semester, I will be familiar with the process of planning, implementing and evaluating a program for seniors/children/youth; by the end of this semester, I will understand how to create a marketing plan for an agency).

5. Academic Internship Site Name: _____

Site Supervisor & Title: _____

Site supervisor's email: _____ Phone number: _____

Site supervisor's signature: _____ **Date:** _____

By signing below, I acknowledge that I have read and agree with the above described information, as well as agree to authorize the University to share any information directly related to my performance in this Academic Internship with the Site that would otherwise be protected from disclosure by the federal Family Educational Rights and Privacy Act (FERPA).

Student Signature _____ **Date:** _____

Faculty Signature _____ **Date:** _____

* If needed, the student and faculty member, in consultation with the office of Services for Students with Disabilities (SSWD), will create and attach an accommodation plan to this Student Learning Agreement.