Student Learning Agreement

Directions:

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

Course & Section Number (e.g., RPTA 195, Section 02):	
Faculty name:	
Student Name:	
Cell phone: SacLin	ık E-mail:
In case of Emergency, please	e notify:
Name:	Relationship:
Cell phone:	

2. Estimated number of hours required during the semester (Consult with faculty member)

3. Scope of Work to be completed by student during 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. 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 t the University to share any information directly related to my per from disclosure by the federal Family Educational Rights and Priva	formance with the Site that would otherwise be protected
Student Signature	Date:
Faculty Signature	Date:
* If needed, the student and faculty member, in consultatio	n with the office of Services for Students with

Disabilities (SSWD), will create and attach an accommodation plan to this Student Learning Agreement.