

Learning Agreement Form: College

The faculty member in the department the student is interning in will guide and help to coordinate the student's participation in the field experience/cooperation education program and will assist the employer with matters related to the program and the employer's appraisal of the student. The internship manager and program department's chair will also be available to help answer any questions related with the internship/field experience.

Name of Student: _____

OCID of Student: _____

Signature of Student: _____ Date: _____

Circle Internship Term: Spring Summer Fall Year: _____

Internship Assignment Location: _____

Faculty facilitator/title: _____ Telephone: _____

Signature/faculty: _____ *Date:* _____

Internship manager: _____ Telephone: _____

Signature/internship manager: _____ *Date:* _____