

Internship Learning Plan

University Hall 180
Phone: (818) 677 – 2079
Mail Code: 8284

I. STUDENT APPLICANT

FIRST NAME: _____ MIDDLE INITIAL: _____ LAST NAME: _____ STUDENT FILE NO: _____

STREET ADDRESS: _____ CITY: _____ STATE: _____ ZIP + 4: _____

TELEPHONE NO: _____ EMAIL ADDRESS: _____ EMERGENCY CONTACT: _____

COURSE INSTRUCTOR: _____ TELEPHONE NO: _____ FAX NO: _____

EMAIL ADDRESS: _____ SEMESTER/QUARTER: _____ COURSE NUMBER: _____

TICKET NO: _____ NO. OF UNITS: _____

II. AGENCY/SITE INFORMATION

AGENCY/SITE: _____ SITE ADDRESS: _____ TELEPHONE NO: _____

SITE SUPERVISOR: _____ TELEPHONE NO: _____ APPROX. # OF HOURS: _____

START DATE: _____ END DATE: _____

III. LEARNING OBJECTIVES: What do you hope to learn from this experience about the Agency; about the challenges and assets of the population with whom you will be working; about yourself; about your community and how does this connect to your coursework?

IV. SITE SUPERVISOR:

1. Agrees to guide this student's work and to submit a brief and final evaluation of his/her achievement upon request.
2. Agrees to discuss any concerns about the student's performance with the student directly and with the course supervisor, if necessary.

Site Supervisor's Signature _____ Date: _____

V. FACULTY COURSE SUPERVISOR:

I have examined and approved _____'s Internship Learning Plan.

Faculty/Course Supervisor's Signature: _____ Date: _____

Student's Initials: _____

University Hall 180
Phone: (818) 677 – 2301
Fax: (818) 677 – 6544
Mail Code: 8231
Email: purch@csun.edu

VI. THE STUDENT

1. Agrees to act in a responsible manner while representing California State University at the internship placement site and abide by all rules and regulations that govern the site in which he/she has been placed.
2. Understands the connection between the course and the learning objectives to be fulfilled at the service site.
3. Has participated in orientation, read the above-stated guidelines, limitations and understands his/her role as an internship student, working with the community partner
4. Understands the following **RISKS** may exist with this internship placement and enters into this placement fully informed and aware.

5. Agrees to devote ____hours per week for a total of ____hours, effective from _____ to _____ in order to fulfill the objectives described above.
6. Agrees to complete any forms, evaluations or other paperwork required by either the course or the site supervisor.

Student's Signature: _____ **Date:** _____