Internship Program
Student Learning Agreement
Internship Website: http://www.utdallas.edu/is/internship/index.html
Fax: 972-883-2440
Phone: 972-883-2057

Student: ___________________________ Phone: ______________

Faculty Supervisor:  Susan P. Chizeck, Ph.D. Phone: 972-883-2248

Site Supervisor: ___________________________ Phone: ______________

Internship Site: ___________________________

(Complete name of agency, and subdivision if applicable)

(Complete address - including city, state, and zip - of agency)

Instructions
1. After discussion with your supervisors, fill out both sides of this form legibly.
2. Obtain the required signature, after your supervisors have approved the agreement.
3. Submit the original Learning agreement by the required date to Dr. Chizeck, the Director of the Internship Program. When all signatures are obtained, give one copy to your site supervisor and keep one copy for your records.

I have reviewed this agreement and will monitor and evaluate this internship based on the assignments agreed upon herein.

Signature of Site Supervisor ___________________________ Date ______________

Signature of Faculty Supervisor ___________________________ Date ______________

Signature of Student Intern ___________________________ Date ______________

I have read all internship handouts.
Outline below the following (please print legibly):

1. Student's goals and objectives during the internship.
   (consider knowledge to acquire; skills to develop; problems to solve; values to clarify)
   
   Starting date: ___________________________  Expected ending date: _______________
   
   ______________________________________
   ______________________________________
   ______________________________________
   ______________________________________
   ______________________________________

2. Specific projects assigned by the Site Supervisor:
   
   Student receives financial compensation: __________  Yes  __________  No
   
   ______________________________________
   ______________________________________
   ______________________________________
   ______________________________________
   ______________________________________

3. Academic work agreed on with Faculty Supervisor:
   
   Number of credits _______________________
   
   Journal and Summary
   
   My Research Paper Topic is:
   
   ______________________________________
   ______________________________________
   ______________________________________
   ______________________________________