

This document is for information only to view the entire form and all required fields. It is not the actual Internship Learning Agreement and will not be accepted. See instructions on www.goucher.edu/ceo.

Internship Learning Agreement

Student Name:

Submission Date and Time:

I have read the above policy information, reviewed the [Internship Information Checklist](#), and have spoken with my Faculty Internship Sponsor (if applicable), Internship Site Supervisor, Academic Advisor, and the Office of Global Education (if applicable). I understand that my failure to do so may result in my application not being approved and that I may then be asked to submit amended information for approval

Question	Answer
Full Name	
Student ID #	
Declared Major	
Additional Declared Major	
Declared Minor	
Additional Declared Minor	
Concentration	
Graduation Year	
Primary Email Address	
Current Phone #	
Internship Phone # (if different)	
Current Address	
Internship Address (if different)	
Internship Information	
Job Title	
Semester of Internship	
Year of Internship	
Start Date	
End Date	
Total Number of Weeks	
Average Hours to Be Completed per Week	
Total Hours to Be Completed During Internship	
Compensation	
Organization/Company Name	
Organization Type	

Internship Site Supervisor	
Site Supervisor's Job Title	
Site Supervisor's Email Address	
Site Supervisor's Phone #	
Internship Site Address	
Where does the majority of the work take place?	
Does your internship take place in the United States?	
Is this an international internship to fulfill a study abroad requirement?	
Do you have a study abroad exemption?	
Registration Information	
Internship Course #	
Number of Credits	
Grade Type	
Credit Applied to Major/Minor	
Academic Advisor	
Academic Advisor's Email	
Faculty Internship Sponsor	
Faculty Internship Sponsor's Email	
Have you previously completed an internship for academic credit?	
What was the semester and year of your previously completed academic internship?	
Internship Description	
Job Description (Responsibilities, Projects, Tasks, etc)	
Type and Frequency of Feedback from Site Supervisor	
Arrangement for Contact with Faculty Internship Sponsor	
How will you demonstrate to Faculty Internship Sponsor what you have learned?	
Due Date of Academic Work	
Skill Learning Outcomes	
I can understand the skills, tasks, and paths of professionals in my field of interest.	
I can think analytically and interpret data to solve complex problems.	
I can anticipate issues, demonstrate resourcefulness and make decisions.	

I can communicate effectively and coherently orally and in writing.	
I can manage time well, meet deadlines and produce work as needed.	
I can develop professional relationship that enable me to engage in team projects and manage conflicts.	
I can understand the technical knowledge needed for my field of interest.	
I can demonstrate openness and respect for different people.	
Other Learning Outcomes	
Questions	
Academic	
Professional	
Personal	
How will you apply the knowledge you've gained in your major to this internship?	

By entering my name below, I confirm that the information I have provided is, to the best of my knowledge, complete and correct.

Student Electronic Signature:

CEO signature _____

Date _____