



LEARNING AGREEMENT

Student Name			
Student Cell			
Major			
Term Year			
Student Address			
Student Email			
Name of Supervisor			
Title			
Supervisor Email			
Supervisor Phone #			
Is your supervisor related to you in any way (parent, sibling, in-law, etc)?	Yes ___ No ___ (If so, the MTSU Instructor will contact you for more information)		
Sponsoring Company/Organization			
Company Address			
Expected Hours to be Worked		Hourly Pay Rate	

The internship begins with a list of learning objectives. To the degree possible, these objectives should be specific, measurable, and realistic. They should also reflect what activities the student will do during the internship. Objectives should relate to curriculum goals and be judged worthy and appropriate by the student's department chair.

<b>OBJECTIVES</b>

The student acknowledges that he/she is working under a site supervisor, deriving educational benefit from the experience, and is receiving course credit; moreover, he/she is not guaranteed employment upon conclusion of the internship/co-op experience. Please initial: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(Sponsoring Organization)

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(Student)

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(Department Chair at Student's Institution)