

# Internship Learning Plan

To be completed by intern and site supervisor, then submitted to university supervisor for approval.

Name \_\_\_\_\_ TU ID \_\_\_\_\_ Semester of Internship \_\_\_\_\_

Course Code/Number \_\_\_\_\_ # Credits Earned \_\_\_\_\_ # Hours/Week \_\_\_\_\_

University Supervisor & Academic Department \_\_\_\_\_

Internship Site \_\_\_\_\_

Site Supervisor and Title \_\_\_\_\_

Supervisor Telephone \_\_\_\_\_ Supervisor Email Address \_\_\_\_\_

**Intern Learning Outcome #1:**

**Duties, Responsibilities, & Activities to Meet Outcome:**

**Intern Learning Outcome #2:**

**Duties, Responsibilities, & Activities to Meet Outcome:**

**Intern Learning Outcome #3:**

**Duties, Responsibilities, & Activities to Meet Outcome:**

*All parties have discussed and agree with above outcomes and will work together to support the completion of the learning plan.*

University Supervisor Signature/Date \_\_\_\_\_

Site Supervisor Signature/Date \_\_\_\_\_

Intern Signature/Date \_\_\_\_\_