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 ____________________________________________

Rev. 8/31/16