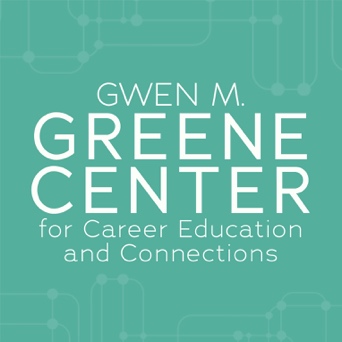
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**CAS 394i – Special Internship**

Fall, Spring, Summer terms

0.5 credits

Pass/Fail

CAS 394i-SPECIAL INTERNSHIP LEARNING AGREEMENT

**Instructions:** Please complete the below fields and questions, save to your device and bring an electronic copy with you to your appointment in the Greene Center (either bring device with you to appointment or email copy to advisor in advance). The Career Advisor will review the document and assist you with any needed changes. Once approved, both you and the Career Advisor will sign the agreement and a scanned copy will be emailed back to you.

**Student Information:**

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Student ID: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Best Email (for Summer term internships): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Internship Information:**

Organization Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Internship Supervisor Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Supervisor Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Internship Start Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ End Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Hours/week: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Learning Goals and Objectives:

The following set of goals and learning objectives developed by the student and the career adviser are used as guidelines for determining whether the requirements of the internship have been met.

**Related Courses** (What course(s) have you taken, or plan to take that relate directly to this internship? Explain how they are related):

**Activities** (What duties will you perform in your internship?):

**Continue on to Page 2.**

**Learning Objectives** (What do you intend to learn during the internship?):

**Evaluation** (How will you know if you have achieved these objectives?):

**Acknowledgement**

Failure to complete any of the requirements outlined above will prevent me from receiving University of Rochester credit and result in a failing (F) grade on my permanent transcript (for international students, a failing (F) grade will make me ineligible for future CPT authorizations). Successful completion of all stated assignments will result in a passing (P) grade.

Please upload the following documents into Blackboard:

\_\_\_\_\_ Learning Agreement (within 1 week of your registration)

\_\_\_\_\_ Final Reflection Submitted by

\_\_\_\_\_ Employer Evaluation completed and uploaded by

**The following named student herby enters into an internship agreement to facilitate a learning experience designed to benefit both the student and the internship employer.**

Student Name (printed): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Student ID #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Student Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Career Advisor (printed): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Career Advisor Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_