

**Internship Program**  
**Student Learning Agreement**

Internship Website: <http://www.utdallas.edu/is/internship/index.html>

Fax: 972-883-2440

Phone: 972-883-2057

Student: \_\_\_\_\_ Phone: \_\_\_\_\_

Faculty Supervisor: Susan P. Chizeck, Ph.D. Phone: 972-883-2248

Site Supervisor: \_\_\_\_\_ Phone: \_\_\_\_\_

Internship Site: \_\_\_\_\_  
(Complete name of agency, and subdivision if applicable)

\_\_\_\_\_  
(Complete address - including city, state, and zip - of agency)

Instructions

1. After discussion with your supervisors, fill out both sides of this form legibly.
2. Obtain the required signatures, after your supervisors have approved the agreement.
3. Submit the original Learning agreement by the required date to Dr. Chizeck, the Director of the Internship Program. When all signatures are obtained, give one copy to your site supervisor and keep one copy for your records.

I have reviewed this agreement and will monitor and evaluate this internship based on the assignments agreed upon herein.

\_\_\_\_\_  
Signature of Site Supervisor

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Faculty Supervisor

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Student Intern

\_\_\_\_\_  
Date

**I have read all internship handouts.**

Outline below the following (please print legibly):

1. Student's goals and objectives during the internship.

(consider knowledge to acquire; skills to develop; problems to solve; values to clarify)

Starting date: \_\_\_\_\_

Expected ending date: \_\_\_\_\_

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2. Specific projects assigned by the Site Supervisor:

Student receives financial compensation:

\_\_\_\_\_

Yes

\_\_\_\_\_

No

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3. Academic work agreed on with Faculty Supervisor:

Number of credits \_\_\_\_\_

Journal and Summary

My Research Paper Topic is:

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