

**Directions for Completion of Internship Form
For
Dean's Office**

**THE DIRECTIONS MUST BE COMPLETED BEFORE THE STUDENT
BEGINS THE INTERNSHIP.**

1. Enclosed you will find the original standard university affiliation agreement for your signature. After all signatures are affixed, one original will be returned to you and the agreement will be deemed effective.
 - Signatures. It is important that any individual who signs on behalf of your institution has contracting authority to legally execute the enclosed agreement.
2. This internship agreement is to be completed by the faculty member teaching the course that includes the internship in cooperation with the student who is doing the internship.
3. The student is responsible for obtaining all required signatures as listed on the agreement.
4. Once the agreement is completed with all signatures, the student brings the agreement to the Dean's Office.
5. The original agreement will be forwarded by the Dean's Office to the Registrar for processing. A copy will be kept in the Dean's Office for no more than one academic year after the end of the internship.
6. The student will:
 - keep one copy of the agreement.
 - give one copy of the agreement to the course instructor.

CLARION UNIVERSITY OF PENNSYLVANIA

LEARNING AGREEMENT COOPERATIVE EDUCATION INTERNSHIP PROGRAM

COLLEGE OF _____

DEPARTMENT OF _____

*The Student is to submit the completed **Learning Agreement** to the Dean's Office before the start of the semester for the Cooperative Education Internship Program. This form will be returned to the student before the indicated "end date" for performance evaluation.*

Term: (indicate year and mark term/session) Year: 20 ____ Fall ____ Spring ____

Summer 1 ____ Summer 2 ____ Summer 3 ____ Summer/7 week 1 ____ Summer/7 week 2 ____

Course & Number: _____ Course Title: _____

No. of Credit Hours: _____ Total Work/Clock Hours: _____ Placed in program as: _____

Start Date: _____ End Date: _____ Voluntary: _____ Paid: _____

Previous Cooperative Education Internship Credits Earned: _____

Student Name: _____ Clarion ID : _____

Current Address: _____

Telephone Number: _____ Credits Completed: _____ GPA: _____

Student Major or Career Goal: _____

1. STATEMENT OF JOB-ORIENTED/LEARNING OBJECTIVES (To be completed prior to start of Cooperative Education Internship Program as Part A of this agreement.)

2. EVALUATION OF STUDENT PERFORMANCE (To be completed and submitted at end of Cooperative Education Internship Program as Part B of this agreement.)

RATIFICATION: We, the undersigned, accept the validity of the job-oriented/learning objectives and evaluation of student performance criteria in this Agreement. This **Learning Agreement** is governed by the terms and conditions set forth in the University's **Worksite Affiliation Agreement** (Attachment A).

STUDENT SIGNATURE/DATE

WORKSITE SUPERVISOR SIGNATURE/DATE

ACADEMIC ADVISOR SIGNATURE/DATE

WORKSITE SUPERVISOR NAME, TITLE

FACULTY COORDINATOR **PRINT & SIGN**/DATE

WORKSITE NAME

DEPARTMENT CHAIR SIGNATURE/DATE

WORKSITE ADDRESS STATE ZIP CODE

DEAN SIGNATURE/DATE

WORKSITE TELEPHONE NUMBER

Forward the completed Learning Agreement to the Dean's Office who will then forward it to the Registrar for Processing.

LEARNING AGREEMENT FOR COOPERATIVE EDUCATION INTERNSHIP PROGRAM

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PART A
STATEMENT OF JOB-ORIENTED/LEARNING OBJECTIVES
(To be completed prior to start of Cooperative Education Internship Program)

PART B
EVALUATION OF STUDENT PERFORMANCE
(To be completed and submitted at end of Cooperative Education Internship Program)