

LEARNING CONTRACT

STUDENT _____ **UIN** _____

PLACEMENT _____

LENGTH OF INTERNSHIP _____ **TO** _____ **FOR** _____ **Semester Hrs** **CREDIT**
(Beginning date) (Ending date)

FIELD SUPERVISOR _____
(Signature) (Date)

UNIVERSITY SUPERVISOR _____
(Signature) (Date)

STUDENT _____
(Signature) (Date)

IN THE SPACE BELOW, BRIEFLY INDICATE THE ACTIVITIES, DUTIES, OR PROJECTS INVOLVED IN THIS PLACEMENT.