# CAREER DIVERSITY

**INTERNSHIP LEARNING AGREEMENT**

 STUDENT’S NAME:

ADDRESS:

CITY AND STATE: ZIP CODE:

PHONE NUMBER: EMAIL ADDRESS:

SPONSORING INSTITUTION:

SUPERVISOR:

ADDRESS:

CITY AND STATE: ZIP CODE:

PHONE NUMBER: EMAIL ADDRESS:

DURATION

1. STARTING DATE:
2. CLOSING DATE:

DESCRIPTION OF THE INTERNSHIP:

OBJECTIVES OF THE INTERNSHIP:

STUDENT RESPONSIBILITIES:

SUPERVISOR RESPONSIBILITIES:

PROGRAM DIRECTOR RESPONSIBILITIES:

**APPROVALS:**

STUDENT: DATE:

SUPERVISOR: \_ DATE:

PROGRAM DIRECTOR: DATE: