

University of Wisconsin - River Falls
CRIM 379: Internship & SOCI 379: Internship
INTERNSHIP LEARNING AGREEMENT FORM

Date: _____

Student Name: _____ Student ID# _____

Intern's Address During Internship:

Street: _____

City: _____

Phone: _____ Email: _____

Internship Site: _____

Supervisor: _____

Street: _____

City: _____

Phone: _____ Email: _____

Intern's schedule day hours at the internship site:

Mon _____ Tue _____ Wed _____ Thu _____ Fri _____

Sat _____ Sun _____

Anticipated date internship hours will be completed: _____

Intern's class schedule during the internship:

Class	Days the class meets	Hours the class meets
-------	----------------------	-----------------------

Internship Goals and Learning Activities:

In the space below please list your learning goals for the internship and the activities you and your supervisor agree upon to help you achieve those goals. Leave space under "evaluation" to record an evaluation at the end of the internship.

GOALS TO BE ACHIEVED DURING INTERNSHIP	HOW EACH GOAL WILL BE ACHIEVED	FINAL EVALUATION OF PROGRESS TOWARD GOAL
1.		
2.		
3.		
4.		

Intern signature _____ Date _____

Site Supervisor _____ Date _____

UWRF Internship Coord. _____ Date _____