



# INTERNSHIP LEARNING AGREEMENT

## Objectives for Internship, F-1 CPT, and J-1 AT

### SECTION I STUDENT PERSONAL & INTERNSHIP INFORMATION

Student Last Name:  Student First Name:  I.D. Number:

Gender:  School Year:  Citizen Status:  E-mail:

Internship Term:  Course:  # of Credits (2-6):  Start Date:  End Date:

Company Name:  Internship Job Title:

Supervisor Name:  Supervisor Title:

Supervisor Phone Number:  Supervisor E-mail:

Company Address:  Country:

City:  State (xx)/Province:  Zip Code:

### SECTION II LEARNING OBJECTIVES

<p>I will be graded on the following objectives:</p> <p><b>REQUIRED</b></p> <ol style="list-style-type: none"> <li>1. Obtain job acquisition skills in resume writing, networking, interviewing, and/or portfolio preparation.</li> <li>2. Incorporate feedback to help direct learning progress in my area of study.</li> <li>3. Integrate principles from my academic program to practices during my experience.</li> </ol> <p><b>OTHER</b></p>	<p>The following evidence will be factored into my grade:</p> <ol style="list-style-type: none"> <li>1a. A professional resume.</li> <li>1b. A mock interview.</li> <li>2a. An end-of-experience self-evaluation.</li> <li>2b. An end-of-experience supervisor evaluation.</li> <li>3a. A report which synthesizes my academic training with my internship experience. (i.e., an oral or written report, a learning journal, a portfolio, etc.)</li> </ol>
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### SECTION III AGREEMENT AND SIGNATURES

STUDENT agrees to abide by BYUH Internship or AT requirements and agrees to be evaluated and awarded credit based partially on completion of these Objectives.

**Student Signature:**

**Internship Coordinator Signature:**

**Provider/Supervisor Signature (Optional):**

SAVE AND RETURN COMPLETED FORM TO : [internships@byuh.edu](mailto:internships@byuh.edu)