

INTERNSHIP PROGRAM

Lehman College, Career Exploration & Development Center (CEDC)
250 Bedford Park Blvd. West, Shuster Hall 254, Bronx, NY 10468
718-960-8366 Office

LEARNING AGREEMENT

PART I: STUDENT

Student's Name: _____ Major/Minor: _____

Address: _____ Apt: _____

City: _____ State: _____ Zip Code: _____

Email: _____ Cell phone: _____ Home phone: _____

Title of internship position: _____

STUDENT INTERN LEARNING OBJECTIVES

After discussing your learning objectives with your supervisor, list them below.

Objective 1: _____

Method of Accomplishment: _____

Objective 2: _____

Method of Accomplishment: _____

Objective 3: _____

Method of Accomplishment: _____

PART II: SUPERVISOR

Company Name: _____

Supervisor's Name: _____

Supervisor's Title: _____

Address: _____ Suite: _____

City: _____ State: _____ Zip Code: _____

Phone number: _____ Fax: _____

Email: _____

WORK SCHEDULE

(Both student and supervisor agreed upon the following student intern work schedule)

Semester/Year: Fall _____ Spring _____ Summer _____ Winter _____

Start Date: _____ End Date: _____ Total hours to be completed: _____

Day	Start Time	End Time	Total Daily Hours
Monday	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM	
Tuesday	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM	
Wednesday	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM	
Thursday	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM	
Friday	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM	
Saturday	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM	
Sunday	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM	
			_____ Total Weekly Hours

COMPENSATION

- Unpaid
- Credit Only
- Paid with hourly rate of \$ _____
- Stipend in the amount of \$ _____
- Internship is for other Compensation specified as: _____

*The internship site is solely responsible to pay the intern for his/her work.

I have read the above and agree to the terms:

STUDENT INTERN: I agree with and accept the academic and work assignments indicated in this learning agreement. I agree to complete all work and academic related assignments to the best of my ability. I accept the obligation of confidentiality in my work and agree to familiarize myself with and to adhere to the organization's relevant policies and procedures, and to the appropriate standards of ethical conduct. Further, I understand there are ordinary risks inherent in the workplace and I will become aware of such risks and I hereby agree to accept the internship assignment. I also understand that Lehman College and the Career Exploration & Development Center have no control over any hazards to which I may be exposed during the internship and I agree not to bring any action or lawsuit against the college or the Career Exploration & Development Center for any accidents or incidents that may occur in my transit to or from or while engaged in my duties in the internship assignment.

Print Name **Signature** **Date**

INTERN SITE SUPERVISOR: I have discussed the internship with the student and have negotiated and assigned the work components which appear on this agreement. I agree to provide assistance, necessary training and consultation to help the intern make progress toward their learning goals and objectives. I further agree to provide the intern with an orientation concerning relevant organizational policies, procedures and functions, to meet with the intern regularly, and to be available for counsel and advice for the duration of the internship. I agree to conduct an evaluation of the student and to participate in a site visitation if requested. (A Supervisor's evaluation form will be e-mailed to you toward the end of the academic term or internship work period.)

Print Name **Signature** **Date**

FACULTY SUPERVISOR: I concur with all components of this learning agreement. I agree to approve academic credit contingent upon the student meeting the requirements of the internship program such as registering for the appropriate course and submitting the necessary assignments timely.

Print Name **Signature** **Date**

LEHMAN COLLEGE INTERNSHIP COORDINATOR:
I have read and agree with all of the components of this learning agreement. In my judgment, the student is adequately prepared to meet the terms of the agreement, and I agree to work with the student to ensure that objectives and strategies are carried out. I agree to conduct an evaluation of the student and participate in a site visitation if possible.

Lehman Internship Coordinator **Date**

**PLEASE E-MAIL TO LUISIANA BAEZ-CANELA, INTERNSHIP COORDINATOR AT
LUISIANA.BAEZCANELA@LEHMAN.CUNY.EDU.**

FOR OFFICE USE ONLY: Date learning agreement received: _____	Internship Extended: _____
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