

Learning Agreement Form: Student

I agree to abide by the rules of the employer and the rules governing field experience/cooperative Internship. I will submit all forms at required times, will participate in an evaluation of my job performance and in all consultations with the Faculty Mentor and Administration will inform my employer of all matters affecting my participation in the internship. I have also read and understand the Internship Guidelines Handouts.

Name of Student: _____

OCID of Student: _____

Signature of Student: _____ Date: _____

Circle Internship Term: Spring Summer Fall Year: _____

Internship Assignment Location: _____

List program of study: _____