



STUDENT LEARNING CONTRACT

Internship/Work experience registration may not be completed, nor work begun, until this form (General Information Form) and the Learning Agreement are completed and given to Multimedia Internship Coordinator.

STUDENT INFORMATION

NAME:

STUDENT ID#:

LEARNING OBJECTIVES/GOALS ON JOB SITE

OBJECTIVE 1:

OBJECTIVE 2:

OBJECTIVE 3:

OBJECTIVE 4:

AGREEMENT

YEAR:

SEMESTER:

EMPLOYER/SUPERVISOR NAME:

EMP/SUPERVISOR SIGNATURE:

DATE:

STUDENT NAME:

STUDENT SIGNATURE:

DATE:

MULTIMEDIA INTERNSHIP COORD. NAME:

MM INTERNSHIP COORD. SIGNATURE:

DATE:

LAMC DEAN/VP/ OR SFP SPECIALIST:

DEAN/VP/ OR SFP SPECIALIST SIGNATURE:

DATE: