

NON-CREDIT INTERNSHIP LEARNING AGREEMENT PLAN

JUNIATA COLLEGE

Internship Office -- Career Services

1700 Moore St. Huntingdon, PA 16652

814-641-3350 Fax: 814-641-3377

Office Use Only 3/07

Date received _____
Date of Visit _____
Date evals. sent _____
Date evals. returned _____
Student eval. _____
Presentation Date _____
Approval _____ Date _____

Return to

Career Services by June 1

Note: A minimum of 240 hours of work is required

Last name First Name Student ID#

Summer address (street) City State Zip Code

Permanent address (street) City State Zip Code

Summer phone Permanent phone Summer e-mail

Graduation year Program(s) of Emphasis:

Title of Internship:

Start Date: ____/____/____ End Date: ____/____/____ Hours per week: _____

Compensation: Hourly Wage or Stipend \$ Unpaid PHEAA

Do you have plans to study abroad? ☐ Yes - When? ☐ No

Internship Job Responsibilities, Tasks and Learning Opportunities for Student: The Work Component is to be determined by the Work Supervisor and the Student Intern. Be as specific as possible when listing duties, projects, meetings, training, research, etc. If necessary, attach a separate piece of paper.

Work Supervisor: I have discussed this internship with the student. I will provide assistance and necessary training and consultation to help the intern make progress toward learning goals and objectives. I will meet with the student regularly reviewing policies, procedures, functions and be available for counsel and advice. I agree to allow an on-site visit and complete an evaluation. (Evaluation forms will be mailed to you toward the end of the internship work period).

Name of Supervisor (please print) Title Supervisor Email

Name of Agency or Organization Address Zip

County Phone Number Signature