

Internship Program
LEARNING AGREEMENT



Career Services
University of California
Santa Barbara, CA 93106-7140
(805) 893-4414 Fax: (805) 893-8023

Intern Information

<input type="text"/>	<input type="text"/>	Compensation:	Salary <input type="radio"/>
Perm #	Date		Stipend <input type="radio"/>
<input type="text"/>	<input type="text"/>		Volunteer <input type="radio"/>
Intern's name	Your Phone #	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	Start Date	End Date
Sponsor/ Organization's Name	Internship phone #		

Discuss and develop learning objectives with your supervisor for the following areas:
Knowledge you will gain about 1) the organization/industry; 2) the career field

Technical and general skills you will develop by the end of your internship.

What written or people resources you will use to learn the above.
(i.e. Trade publications, Manuals, Organization Charts, Professional meetings)

Additional or Revised responsibilities or projects you would like to have during your intern ship experience.

SIGNATURES

Supervisor's Signature

Date

Intern's Signature

Date