INTERNERSHIP LEARNING AGREEMENT
(Please return to Career Services)

Name: ______________________________  Date: ________________  Major: ______________________________

Faculty Advisor: ______________________________  Course ______________________________  # Credits: ________________

Internship Site: __________________________________________  Job Supervisor: ______________________________

(PLEASE PRINT Company Name, City, State)  (PLEASE PRINT First Name Last Name, Title)

Internship Work Schedule: ______ hours per Day / Week  Intern’s Phone Number: ______________________________

(circle one)

Student, please complete your Learning Agreement by the second week of your internship. Please write objectives that are specific and measurable. Use active verbs in your description.

I. Objective #1  (What will you do?)  I will __________________________________________

Steps to accomplish this objective: (How will you do it?) __________________________________________

II. Objective #2  (What will you do?)  I will __________________________________________

How to accomplish (How will you do it?) __________________________________________

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III. Objective #3  (What will you do?)  I will __________________________________________
_________________________________________________________________________________
_________________________________________________________________________________
_________________________________________________________________________________
How to accomplish (How will you do it?) ______________________________________________________
_________________________________________________________________________________
_________________________________________________________________________________

IV. Objective #4  (What will you do?)  I will ________________________________________________
_________________________________________________________________________________
_________________________________________________________________________________
How to accomplish (How will you do it?) ______________________________________________________
_________________________________________________________________________________
_________________________________________________________________________________

**Agreement**

The student agrees to complete the above learning objectives during the term of the internship. The job
supervisor agrees that the above learning objectives are valid and achievable during the term of employment.

By signing, the student also understands that if they are dismissed, removed, or fired from their internship site,
no faculty or staff of Montana Tech is responsible for finding the student another placement site. The grade for
this internship could result in a failing status for the student.

**Student Signature:** ____________________________  **Date:** ____________________________

**Job Supervisor email:** ____________________________  **Direct Phone #** ____________________________

**Job Supervisor Signature:** ____________________________  **Date:** ____________________________

**Good Luck!**

*Please contact Career Services if you have any questions, problems, or concerns. Remember, your internship folder has helpful resources. Visit our website for more helpful tips.*

**Career Services**
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