

Student Learning Plan

Return completed form to the Career Center (Carrington Hall 309 or Glass Hall 103)

Student Information

Name _____ Date _____
Local address _____
City, State Zip _____
E-mail address _____ Phone _____
M Number _____ Major _____
Expected Graduation Date _____
Address during internship (if different from above) _____
City, State Zip _____

Internship Information

Company _____
Mailing address _____
City, State Zip _____
Supervisor name & title _____
Supervisor e-mail _____ Phone _____
Start date _____ End date _____
Hours worked per week _____ Pay rate _____
Internship job title _____

Description of job
duties

Learning Objectives

To get the most from your experience, it is important to identify what you hope to learn in this position. Learning objectives are statements that clearly, measurably, and precisely specify what you intend to learn from your co-op or internship experience. They should state what you want to learn and how you plan to accomplish the learning. Learning objectives generally fall within three categories:

1. Academic goals that involve applying skills learned in the classroom to work environment and developing new skills not learned at school.
2. Career-related goals such as increasing your marketability and learning more about the types of careers available to you.
3. Personal goals such as knowledge of your strengths and weaknesses, coping in a new environment, etc.

Example:

A poor objective might say, "To improve my communication skills." A better objective would say "To improve my writing skills by producing newsletter articles and press releases that will meet the writing standards of my supervisor."

Please identify two goals from each category:

Academic Objectives

Academic
Objective #1

Academic
Objective #2

Career-Related Objectives

Career
Related
Objective #1

Career
Related
Objective #2

Personal Objectives

Academic
Objective #1

Academic
Objective #2

Assignments for Satisfactory Completion of Co-Op/Internship Course

To be completed by your faculty advisor

Please check all that apply

Daily Log Weekly Log Beginning Date _____ Ending Date _____

Articles/Reading assignments How many _____ Due _____

Subject(s) _____

Written paper Length _____ Rough draft due _____ Final draft due _____

Other

Assignment details

COURSE _____ SECTION _____ CREDIT HOURS _____ SEM/YR _____

I hereby sign this learning plan and agree to complete all assignments as discussed with my faculty advisor. I understand my grade will be based upon satisfactory completion of these assignments and the evaluation provided by my internship supervisor. I understand this course is like all other Missouri State courses in that I will pay the appropriate tuition and the grade received will be reflected upon my transcript. I understand it is my responsibility to contact the Office of Financial Aid to verify how my internships may affect any financial aid I receive.

STUDENT SIGNATURE _____ **DATE** _____

I hereby sign this learning plan and agree to supervise this student's academic progress and assign a grade accordingly upon completion of the internship.

FACULTY NAME _____ **DATE** _____

FACULTY SIGNATURE _____

In-office use only

credit Sem/Yr _____ initials _____ students _____ faculty _____
 non-credit Major _____