

901 S. National Ave. / Springfield, MO 65897 Phone: 417-836-5636 Fax: 417-836-6797

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	
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:

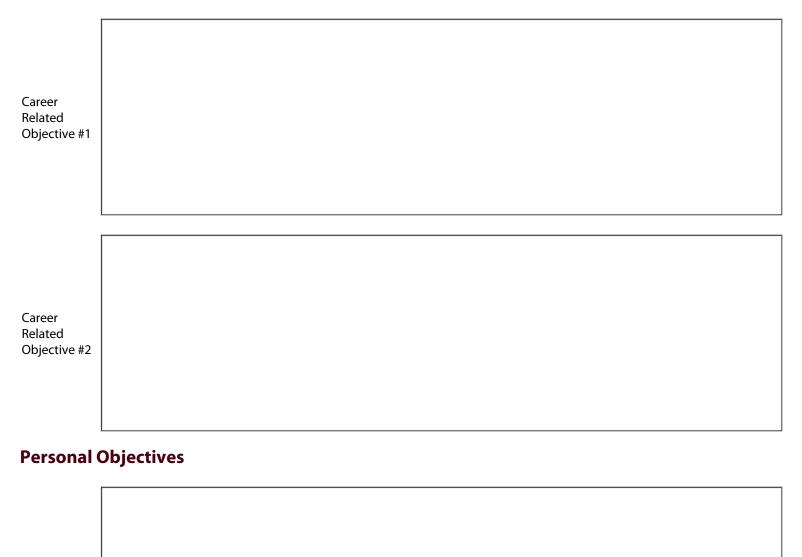
A poor objective might say, "To improve my communication skills." A better objective would say "To improve my writing skills by producing newsletter articles and press releases that will meet the writing standards of my supervisor."

Please identify two goals from each category:

Academic Objectives

Academic Objective #1	
Academic Objective #2	

Career-Related Objectives



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/Readir	ng assignments	How many		Due
Subject(s)				
🗌 Written paper	Length	Rough draft of	due	Final draft due
🗌 Other				
Assignment details				
L				
COURSE	SE	CTION CF		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 l 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			Page 4
				Гауст