

**State College of Florida, Manatee-Sarasota
Internship Program
Student Learning Plan**

Student Name: _____ Employer Name: _____

G00#: _____ Supervisor Name: _____

Supervisor Job Title: _____

Student Address: _____ Employer Address: _____

Student City/State/Zip: _____ Employer City/State/Zip: _____

Student Phone #: _____ Supervisor Phone #: _____

Student Email: _____ Supervisor Email: _____

Check here if internship is with current employer

Start Date: _____ End Date: _____ Rate of Pay: _____

Hours/Week: _____ Schedule: _____

Name one process that you will learn. _____

Name any new technology or software systems you will learn. _____

Will there be meetings you can attend? (Write the date/time of two upcoming meetings.)

Describe five to ten learning outcomes from this internship that will enhance your knowledge and skills:

An example: Will communicate professionally with internal and external customers.

- 1.
- 2.
- 3.
- 4.
- 5.
- 6.

(Attach additional pages as needed.)

Agreement

The success of the student's internship will be based on completion of the above learning plan and the following:

- 1) One evaluation of the student by the employer or work-site supervisor.
- 2) Documentation of hours worked.
- 3) Journal/Final Assignment.

Student's signature: _____ Date: _____

Employer's signature: _____ Date: _____

Program Manager/Faculty Advisor's signature: _____ Date: _____

Student/ Employer/ Faculty Advisor

Revised 05/17