

Learning Agreement

Student/Intern Information

Name: _____
Email: _____
V number: _____

Internship Coordinator Information

Name: Stephanie R. Thulin
Title: Associate Professor, Department of Kinetic Imaging
Email: srthulin@vcu.edu

Site Information

Site Name: _____ Website: _____
Address: _____
City: _____ State: _____ Zip Code: _____
Site Supervisor: _____ Title: _____
Email: _____ Phone: _____

Internship Information

Year: _____ Semester: Fall (Aug-Dec) / Spring (Jan-May) / Summer (May-Aug) Credits: 1 2 3 (each credit = 40+ hours)
Work Schedule: M _____ / T _____ / W _____ / R _____ / F _____ / Sa or Su _____ / Will Vary
Please describe the goals and objectives for the internship (*i.e., what the internship will provide, what the student will learn*):

Please list the intern's duties and responsibilities (*i.e., what the student will provide, what they will do*):

Agreement

The Supervisor agrees to provide a quality learning experience and an environment where the goals and objectives can be accomplished. The student agrees to approach the experience with enthusiasm and professionalism.

Student/Intern Signature: _____ Date: ____ / ____ / ____

Site Supervisor Signature: _____ Date: ____ / ____ / ____