

Millikin University Internship Learning Agreement

Millikin University Department of _____ and _____,
Department Internship Entity

Address of Agency (street, city, zip, state and phone)

_____ agrees to provide an internship opportunity for:

Internship Site Supervisor

Intern Name

Internship Start Date: _____ Internship End Date: _____

Credit Hours: _____ Term: Fall _____ Spring _____ Summer _____

Course Number: _____ CRN: _____

Internship is: Paid _____ Unpaid _____

Please attach the following to this document: Internship Description, Learning Goals, and Learning Objectives.

I have read and agree to the information in the enclosed document and the internship site handbook.

Signed: _____ Date: _____

Intern

_____ Date: _____

Internship Site Representative

_____ Date: _____

Millikin Supervising Faculty

_____ Date: _____

Financial Aid Representative

_____ Date: _____

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