

Student Name _____ Graduation Year _____

Internship Position _____

Intern's Schedule of Days and Times (e.g., Tuesdays, 3-5:00 pm; Saturdays, 8:00 am–4:00 pm)

The Internship Supervisor agrees to have the student enter the workplace as an intern for the purpose of gaining knowledge and experience. The following Work / Internship Learning Plan provides a description of each component of the work experience:

Tasks student will perform:

Skills required:

Work environment (e.g., schedule of rotation through major departments):

Work processes, technology, and equipment student will use or observe:

Safety precautions:

Dress code:

Student Signature: _____ Date: _____

Parent Signature: _____ Date: _____

Internship Supervisor Signature: _____ Date: _____

CE Coordinator Signature: _____ Date: _____

RETURN THIS FORM TO ASHLEY COOPER, CAREER EDUCATION OFFICE (K2B), AT START OF INTERNSHIP