

FORM B

MED 6704 Internship Agreement

To be completed by the site supervisor and intern:

Supervisor Name and Title: _____

E-mail: _____

Student Learning Objectives (A maximum of two specific objectives). Note the *intended learning objectives* and the *related learning outcomes* will likely enable the intern to reach her/his/their learning goals for a career in student affairs.

Objective 1.

Objective 2.

Student Learning Outcomes For Each Learning Objective

Objective 1:

- Learning Outcome 1
- Learning Outcome 2
- Learning Outcome 3

Objective 2:

- Learning Outcome 4
- Learning Outcome 5
- Learning Outcome 6

Other Learning Outcomes:

Learning Outcome	Activity at Site	Evaluation
1.		
2.		
3.		
4.		
5.		
6.		

Overall Internship goal and evaluation method of this learning experience:

Student Signature _____ Supervisor Signature _____

Date Signed _____ Date Signed _____