

Attachment A
Internship Learning Plan
Washington State University
College of Agricultural, Human, and Natural Resource Sciences

Please print or type clearly

This Internship Learning Plan must be completed and approved by all signatories by the first day of your experience. The signed plan should be submitted to your Internship Coordinator and turned in to the CAHNRS Internship Development staff person.

This Internship Learning Plan is only valid for:

CAHNRS Internship Course: #

As a general rule, students must work three (3) hours per week per academic credit received for the duration of the term. Credit Hours (at a minimum of 45 internship hours completed per credit hour earned) will be awarded at the end of the term based on the successful completion of the internship and all written documents are provided.

Number of credits to be earned:

STUDENT INFORMATION

Name:
WSU ID#:
Phone:
Email:
Major(s):
Minor(s):
Academic Grade:

A minimum number of hours per week you will work:

Student Learning Goals: Please write a brief **Statement of Intent**, describing the internship, specific job responsibilities with expected timelines for completion, including general learning objectives (understanding of industry, etc.) and specific goals (observing techniques, strengthening specific skills, improving communication skills, etc.). Refer to the "Internship Timeline" section of the CAHNRS Internship Handbook for more details.

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INTERNSHIP SITE INFORMATION

Organization Information

Organization Name:

Address (*street, city, state, zip code*):

WSU Faculty/Staff Mentor OR Employer Mentor

Name:

Job Title:

Phone:

Email:

Internship Details

Internship Starting Date:

Internship Completion Date:

Internship Location/Dept:

Hours per Week on Internship:

Intern's Wage:

Other compensation:

List the intern's responsibilities or provide a separate job description.

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CAHNRS - INTERNSHIP COURSE INSTRUCTOR INFORMATION

Name:
Role:
Phone:
Email:

Academic expectations vary per department.

SIGNATURES

Student Intern: I accept the responsibilities as stated in this agreement. I agree to complete all work assignments promptly and to the best of my ability. I agree to familiarize myself with and adhere to the relevant organizational policies, procedures, functions, and standards of ethical conduct.

Signature:
Printed Name:
Date:

Faculty/Staff OR Employer at Internship Site: I have discussed the internship and this agreement with the student. I agree to provide the intern with an orientation concerning organizational policies, procedures, and functions, and internship responsibilities and to meet regularly with the intern. I agree to conduct a final evaluation of the student intern's work.

Signature:
Printed Name:
Date:

WSU Internship Course Instructor: I agree to make myself available to talk with the student and/or supervisor throughout the internship experience.

Signature:

Printed Name:
Date: