

SYRACUSE UNIVERSITY
School of Information Studies

Learning Agreement

This form is **required** to earn credit for an internship and *must* be uploaded to the CONTENT section in *Blackboard – IST 971* upon completion of **30 hours** of the work assignment.
Late paperwork can affect your grade.

Student and Site Supervisor must agree to the contents of this form. It is the student's responsibility to fill out and submit this form to the CONTENT Section of *Blackboard – IST 971*. Give a copy to your site supervisor. We will notify you if any parts of the Learning Agreement need to be changed.

Name: _____ SU ID #: _____

Degree Program: IM MSLIS (School Media students must use other form)

CAS name _____

Distance Learning: Yes No

Current Address: _____

City: _____ State: _____ Zip: _____ Phone: _____

E-mail: _____ Dates of work block: From: ___ / ___ / ___ To: ___ / ___ / ___

Schedule (days, hours of work): _____

Semester of Registration: _____ Course #: _____ Credits: _____

Academic Advisor: _____ Faculty Supervisor: _____

Internship Site Organization Name: _____

Internship Site Organization Address: _____

City: _____ State: _____ Zip: _____

STUDENT

Title: _____

Work Phone: _____

Fax: _____

Wages (hourly): _____ (stipend): _____

SITE SUPERVISOR

Name: _____

Title: _____

Work Phone: _____

E-mail: _____

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Project Description: Be as detailed as possible; use extra sheets if needed.

Rationale: (How does the work experience fit into your overall program at the iSchool?)

Methodology: (How is the work to be done?)

Communications: (When, where, and how often will discussions take place?)

Miscellaneous: (Vacation days, holidays, special arrangements, etc.)

Criteria for Evaluation: (How will your supervisor evaluate your performance?)

By completing and posting this form, I am aware of my responsibilities and will abide by them and the agreement written above.