

**Urban Semester Internship  
Spring 2019**  
**LEARNING CONTRACT**  
**The University of Connecticut**

Student:

Supervisor:

Name of Organization:

**TO BE COMPLETED BY STUDENTS**

*Please describe your goals and learning objectives for working within this agency*

*Please outline your responsibilities and activities for the internship*

**TO BE COMPLETED BY ORGANIZATION SUPERVISOR**

*Describe supervision plan*

*Please list hours student will be working in the organization*

Note: If a written internship description exists, please attach it to this sheet.

SIGNATURES:

\_\_\_\_\_

STUDENT

\_\_\_\_\_

DATE

\_\_\_\_\_

SUPERVISOR

\_\_\_\_\_

DATE