**Urban Semester Internship**

**Fall 2022**

**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

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 SUPERVISOR DATE