Name ________________________________ Phone ____________________ Class Level: ☐ First Year ☐ Sophomore ☐ Junior ☐ Senior
Internship Conducted: ☐ Fall ☐ J-term ☐ Spring ☐ Summer Year: 20____ Hours/week ___ Start Date ______ End Date ______
Faculty Internship Supervisor: ______________________________________ Department: ________________________________
Internship Site/Agency _______________________________________________ Phone ____________________________
Site Supervisor ____________________________________________ Title ______________________________________________

It is recommended that two or more learning objectives be identified in each of the following categories with specific strategies for each objective. **Attach a separate sheet if you need additional space.**

I. **Academic Learning and Application** (i.e. related to the ideas, concepts, or theories of your major or minor field(s) of study and ideas or concepts related to the liberal arts.)

II. **Skill Development** (i.e. skills specific to your academic/major or an occupation, and/or general skills such as oral and written communication, critical thinking, organization, problem solving, decision making, leadership, interpersonal relationships, technical, computer, etc.)

III. **Personal Development** (e.g. self-confidence, self-awareness, self-management, sensitivity and appreciation for diversity, clarification of work and personal values, career awareness and professional development, etc.)

<table>
<thead>
<tr>
<th>Learning Objectives</th>
<th>Strategies</th>
<th>Evaluation Methods</th>
</tr>
</thead>
<tbody>
<tr>
<td><em>(What I intend to learn)</em></td>
<td><em>(Specific processes for achieving my objectives)</em></td>
<td><em>(How my progress will be measured)</em></td>
</tr>
</tbody>
</table>

**Faculty Internship Supervisor:** In my judgment, the learning objectives above constitute a valid learning experience worthy of academic recognition.
Faculty Internship Coordinator signature ________________________________ Date ____________________

**Career Center Internship Coordinator:** In my judgment, the learning objectives described above constitute a valid experience and introduction to the world of work. I agree to work with the student and site supervisor to ensure that objectives, strategies, and methods of the internship are carried out.
Career Center Internship Coordinator signature ________________________________ Date ____________________

**Site Supervisor:** I have read this learning plan and attest that its components meet the standards and expectations for an internship with my organization/company. I agree to conduct an evaluation of the student and to participate in a site visit by Luther College if requested.
Site Supervisor signature ________________________________ Date ____________________

**Student:** I agree to carry out the objectives, strategies, and methods of the learning plan promptly and, to the best of my ability, fulfill my internship obligations.
Student signature ________________________________________________ Date ____________________

DUE DATE: First week of internship.