

Learning Agreement

Internship Services
Lommasson Center 154
The University of Montana
Missoula, MT 59812-2376



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www.umt.edu/internships

STUDENT INFORMATION

Mr/Ms _____ Student I.D. # _____
STUDENT (First Middle Initial Last)

Mailing Address _____ City _____ State _____ Zip _____

Phone _____ Email _____

Expected Graduation Date: _____ **Class:** FR SOPH JR SR GRAD **GPA:** _____

Major/Program: _____ **High School/City/State:** _____

INTERNSHIP/EMPLOYER INFORMATION

Organization Name _____ Organization Web Address _____

Mailing Address _____ City _____ State _____ Zip _____

Mr/Ms _____ Phone _____ Email _____
WORK SUPERVISOR (First, Last)

Semester(s) of Placement: Sp Su Fa 20____ Employment Dates: from ___/___/___ to ___/___/___

Work Schedule: ___ hours/week Pay: \$_____/hr wk mo other : _____ Volunteer _____

Intern Title: _____ Job Description* and Learning Objectives: **MUST BE ATTACHED.**
(*If your internship job description includes human participant research, IRB approval must be obtained.)

ACADEMIC/FACULTY INFORMATION

FACULTY INTERNSHIP ADVISOR (First, Last) _____ Department _____ Email _____

| Semester/Year | # Credits | Subject | Course # | CRN # | Grade | |
|---------------|-----------|---------|----------|-------|--------|--------|
| | | | | | Letter | Credit |
| | | | | | | |
| | | | | | | |

Assessment of Learning: Report/Project: End-of-term ___ Weekly ___ Monthly ___ Other: _____

SIGNATURES

STUDENT (Signature) _____ Date _____

WORK SUPERVISOR (Signature) _____ Date _____

FACULTY INTERNSHIP ADVISOR (Signature) _____ Date _____

INTERNSHIP SERVICES (Signature) _____ Date _____

(*International Students on student visa, obtain approval / signature of FSSS.)

*FOREIGN STUDENT SCHOLAR SERVICES (Signature) _____ Date _____

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