



School of Information Studies
SYRACUSE UNIVERSITY

LEARNING AGREEMENT

This form is **required** to earn credit for an internship or co-op and *must* be submitted to the assignment box in *LMS – IST 971* or *LMS – 471/472* 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. Submit this form to the *LMS* assignment box. 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: BS IM TNM MSLIS (School Media students must use other form)

DISTANCE LEARNING: Yes No

CURRENT ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____ PHONE: _____

EMAIL: _____ DATES OF WORK BLOCK: From: ___ / ___ / ___ To: ___ / ___ / ___

SCHEDULE (days, hours of work): _____

SEMESTER OF REGISTRATION: _____ COURSE #: _____ CREDITS: _____

ACADEMIC ADVISOR: _____ FACULTY SUPERVISOR: _____

Experiential Learning Employer Organization Name: _____

Experiential Learning Employer Organization Address: _____

City: _____ State: _____ Zip: _____

STUDENT

Title: _____

Work Phone: _____

Fax: _____

Wages (hourly): _____ (stipend): _____

SITE SUPERVISOR

Name: _____

Title: _____

Work Phone: _____

Email: _____

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

Rationale: How does the work experience fit into your overall program?

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.