

Learning Activities Agreement

**Professional Practice
(Internship)
Department of History
Illinois State University**

Student's Name _____

Agency Supervisor: _____

Agency Address: _____

Agency Phone Number: _____

Agency Email Address: _____

When will the placement begin and end? _____

Does the internship entail compensation? If so what is it? _____

What is the work schedule (days & hours)? _____

What tasks will be undertaken?

What are the objectives?

By what criteria will the intern be evaluated?

How many credit hours are to be earned? _____

Comments?

We have read this agreement and it meets with our joint approval:

Student (signature): _____ . Date: _____

Agency Supervisor (signature): _____ . Date: _____

Department Coordinator (signature): _____ . Date: _____