



UNIVERSITY STUDIES INTERNSHIP (PRST 4110) LEARNING AGREEMENT

Section I: To be completed by student			
Student Name			
Student M#		Cell #	
CRN of Course		Semester/Year	
Student Email			
Academic Classification (junior/senior required)			
Name of Internship Site Supervisor			
Title			
Supervisor Email			
Supervisor Phone#			
Internship Site Company/Organization			
Company Address			
Expected Hours to be Worked This Semester (150 HOURS required for 3 CREDIT HOURS)		Hourly Pay Rate	
The student acknowledges that he/she is working under a site supervisor, deriving educational benefit from the experience, and is receiving course credit; moreover, he/she is not guaranteed employment upon conclusion of the internship/co-op experience. The student also gives permission for the site supervisor to know their enrollment status (enrolled, dropped, withdrawn). Student initials: _____			
Are you currently employed by this organization?	If yes, THE SITE SUPERVISOR SHOULD complete the question below:		

Students should complete all parts of form, obtain signature from site supervisor, and email the agreement to Dianna.Rust@mtsu.edu. Or fax to 615-898-5907. An email will be sent to the student once the agreement is approved and permit is entered. The student must then register for PRST 4110.

