## **Student Learning Plan: Undergraduate**



## To be completed by Student:

Section 1: Student Data					
Student's Name:	Student ID:				
E-mail:	Phone:				
Primary Emergency Contact:					
Relationship:	Daytime Phone:				
Section II: Learning Site					
Learning Site Name:					
Address:					
Contact Name:	Title:				
E-mail:	Phone:				
Type of Learning Site/Business (e.g. State, City, Non-Profit, Private Business etc.):					
Learning Site Objectives:					
Section III: Course Data					
Course Title:	Faculty Name:				
Planned Internship/Learning Experience (total hours):	Start Date:	End Date:			
Scheduled days/hours:					
Additional hours (special events, etc.):					
I have received, read, and clearly identified and understand the specific Student Learning Outcomes from					
the course syllabus for this Academic Internship/Service Learning course.					
Yes No					
Section IV: Internship/Learning Experience Data					
Academic Internship/Service Learning Role:					
Description of Internship/Learning Experience Duties and Respon	sibilities:				
Academic Internships: Paid Unpaid					
Please describe any compensation provided by learning site (if applicable):					

## To be completed by Faculty overseeing Academic Internship/Service Learning Course:

Specific learning outcomes for the internship/learning exp the student and community partner in the form of the cou		een provid Yes	ed by the Faculty to No
Method of Evaluation and Supervision:			
Number of units to be given upon successful completion of	of the learning o	experience:	
Section V: Other			
Is the Learning Site Agreement in place? Yes No			
(Please contact the Center for Community Based Learning at ccbl@hu	mboldt.edu to ver	ify current Led	arning Site Agreements.)
Please be aware of the following:			
<ol> <li>Students are not allowed to participate at home-based learn Humboldt Director of Risk Management.)</li> <li>Students are not allowed to use power tools or provide tran</li> <li>Learning sites should have orientations for all student volun</li> <li>Students should not be spending money out-of-pocket for a</li> </ol>	sportation for ag teers going over	gency/busine	ess purposes.
Section VII: Approval Student will be/has been given orientation and placement and safety information by Learning Site Supervisor before Learning experience.  Yes  No	t information in	cluding cor	
Required Signatures:			
Student:		Date:	
Learning Site Supervisor:		Date:	
Faculty:		Date:	