Student Learning Plan: Undergraduate



To be completed by Student:

Section I: Student Data					
udent'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	d the specific Student Lea	arning Outcomes from			
the course syllabus for this Academic Internship/Service Le	arning course.				
Yes No					
Section IV: Internship/Learning Experience Data					
Academic Internship/Service Learning Role:					
Description of Internship/Learning Experience Duties and F	Responsibilities:				
Academic Internships: Paid Unpaid					
Please describe any compensation provided by learning sit	e (it applicable):				

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

Specific learning outcomes for the internship, the student and community partner in the for	•	een provide Yes	ed by the Faculty to No
Method of Evaluation and Supervision:			
Number of units to be given upon successful	completion of the learning o	experience:	
Section V: Other Is the Learning Site Agreement in place? Yes	. No		
(Please contact the Center for Community Based Learn	ing at ccbl@humboldt.edu to ver	ify current Lea	rning Site Agreements.)
Please be aware of the following:			
 Students are not allowed to participate at hom Humboldt Director of Risk Management.) Students are not allowed to use power tools o Learning sites should have orientations for all s Students should not be spending money out-o 	r provide transportation for ag student volunteers going over	gency/busine	ss purposes.
Section VI: Approval Student will be/has been given orientation ar and safety information by Learning Site Super Learning experience. Yes	nd placement information in	cluding con	
Required Signatures:			
Student:		Date:	
Learning Site Supervisor:		Date:	
Faculty:		Date:	