

PUBLIC HISTORY PROGRAM
LOYOLA UNIVERSITY
INTERNSHIP LEARNING AGREEMENT

STUDENT'S NAME: _____

ADDRESS: _____

CITY AND STATE: _____ ZIP CODE: _____

PHONE NUMBER: _____ EMAIL ADDRESS: _____

SPONSORING INSTITUTION: _____

SUPERVISOR: _____

ADDRESS: _____

CITY AND STATE: _____ ZIP CODE: _____

PHONE NUMBER: _____ EMAIL ADDRESS: _____

DURATION

A. STARTING DATE: _____

B. CLOSING DATE: _____

DESCRIPTION OF THE INTERNSHIP:

OBJECTIVES OF THE INTERNSHIP:

STUDENT RESPONSIBILITIES:

SUPERVISOR RESPONSIBILITIES:

PROGRAM DIRECTOR RESPONSIBILITIES:

APPROVALS:

STUDENT: _____

DATE: _____

SUPERVISOR: _____

DATE: _____

PROGRAM DIRECTOR: _____

DATE: _____