

PORTLAND STATE UNIVERSITY

College of Urban and Public Affairs Masters of Urban and Regional Planning

INTERNSHIP LEARNING AGREEMENT

Name: _____ Date: _____

Address: _____ Phone: _____

_____ E-mail: _____

Field Specialization: _____

Faculty Adviser: _____

Number of terms completed in MURP: _____ Anticipated degree completion date: _____

Date internship began/to begin: _____ Date (anticipated) internship complete: _____

Internship sponsor information:

Name of agency or organization: _____

Address: _____

Name of supervisor: _____ Title: _____

Phone: _____ e-mail: _____ FAX: _____

Internship work information:

Internship position title: _____

Describe work responsibilities: _____

Total hours per week: _____ Work schedule: _____

Wage or stipend: \$ _____ Unpaid: _____ Other compensation: _____

Does this internship have a method of evaluation? Yes _____ No _____ Don't know _____

If yes, describe: _____

Learning opportunities and plan: *(use separate sheet if needed in completing the items below)*

1. Describe specific learning objectives of this internship:

2. Describe the strategies, resources and tasks to be used to accomplish these objectives:

3. How do you plan to evaluate the accomplishment of these goals?

4. How do you plan to document your accomplishments?

Signature of Student: _____ Date: _____

Signature of Internship Adviser: _____ Date: _____

Signature of Faculty Adviser: _____ Date: _____