**A learning practicum agreement is an agreement between Illinois State University, an agency and a student. It outlines the for credit coursework associated with the student’s unpaid work at the agency.**

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| --- | --- | --- | --- |
| **Student Information** | | | |
| Name | | | **Student University Identified Number (UID)** |
|  | | |  |
| **Campus Address** | | | |
|  | | | |
| **City** | State | **Zip Code** | |
|  |  |  | |
| Phone (include area code) | | **Email Address (xxxxxxx@ilstu.edu)** | |
|  | |  | |
| **Course Information** | | | |
| **Semester** | | **Semester** | |
|  | |  | |
| **Year** | | **Year** | |
|  | |  | |
| **Course Number** | | **Course Number** | |
|  | |  | |
| **Course Name** | | **Course Name** | |
|  | |  | |
| **Credit Hours** | | **Credit Hours** | |
|  | |  | |
| **Course Information** | | | |
| **Semester** | | **Semester** | |
|  | |  | |
| **Year** | | **Year** | |
|  | |  | |
| **Course Number** | | **Course Number** | |
|  | |  | |
| **Course Name** | | **Course Name** | |
|  | |  | |
| **Credit Hours** | | **Credit Hours** | |

|  |  |  |
| --- | --- | --- |
| **Agency Information** | | |
| **Start Date** | | **End Date** |
|  | |  |
| **Agency Name** | | |
|  | | |
| **Agency Supervisor Name** | | |
|  | | |
| Agency Address | | |
|  | | |
| **City** | State | **Zip Code** |
|  |  |  |
| Phone (include area code) | | **Email Address** |
|  | |  |
| **Student Position (Title and Description)** | | |
|  | | |
| The student will work       hours per week as an unpaid intern while earning up to       hours of practicum course credit. | | |
| **Practicum Experience** | | |
| **Job Description** (Provide detailed description of student role and responsibilities during internship. List duties, projects to be completed, deadlines, etc.) | | |
|  | | |
| **Learning Objectives** (Provide detailed learning objectives. List concrete objective and measurable terms.) | | |
|  | | |
| **Grading Criteria** (Provide specific grading criteria for evaluating performance. By whom? When?) | | |
|  | | |

|  |  |
| --- | --- |
| **Agreement** | |
| This agreement may be terminated or amended by student, faculty supervisor or worksite supervisor at any time upon written notice, which is received and agreed to by the other two parties. | |
|  |  |
| **Student Signature** | **Date** |
|  |  |
| **Faculty Advisor Signature** | **Date** |
|  |  |
| **Agency Supervisor Signature** | **Date** |

NOTE: Electronic copy will be e-mailed as an attachment to Agency Supervisor.