

NYIT: LEARNING AGREEMENT

PART A1 – STUDENT INFORMATION

Student name _____ ID #: _____
Last First
Email _____ Cell # _____ Major _____

How did you get this internship? Career Net/Career Services Networking Website: _____ Professor: _____

*How did you hear about ICP? Facebook Instagram Twitter Email Career Net/Career Services Friend: _____

**Check all that apply*

PART A2: - STUDENT LEARNING

OBJECTIVE: What will you accomplish by the end of your internship (see handout for examples)? _____

Check the TOP THREE transferable and civic skills you would like to develop over the course of your internship:

- | | | |
|--|--|--|
| <input type="checkbox"/> Critical Thinking / Problem Solving | <input type="checkbox"/> Adaptability | <input type="checkbox"/> Written Communication |
| <input type="checkbox"/> Verbal Communication | <input type="checkbox"/> Intercultural Communication | <input type="checkbox"/> Intergenerational Communication |
| <input type="checkbox"/> Technology | <input type="checkbox"/> Leadership | <input type="checkbox"/> Organization/Planning |
| <input type="checkbox"/> Research | <input type="checkbox"/> Time Management | <input type="checkbox"/> Flexibility |

I have met with a Career Services advisor to discuss learning objectives, safety, ethics, employee citizenship and the ICP itself. I consent to respond in a timely manner to Career Services, attend ICP reflection and complete a student evaluation at the end of the semester:

Student Signature _____ Date _____

PART B1 – SUPERVISOR INFORMATION

Company Name _____

Company Address _____ City _____ State _____ Zip _____

Supervisor's Name _____ Title _____

Supervisor's Phone _____ Email _____

PART B2 – INTERNSHIP/VOLUNTEER POSITION INFORMATION

Internship/Volunteer Position Title _____ ***** JOB DESCRIPTION MUST BE ATTACHED*****

Start Date (mm/dd/yy) _____ Anticipated End Date (mm/dd/yy) _____

Hours per week: _____ Daily Schedule M: _____ T: _____ W: _____ Th: _____ F: _____ Sa: _____ Su: _____

Method of Compensation: \$ _____ per hour / Stipend \$ _____ / Travel Reimbursement \$ _____ / Other _____

I have read fully, understand and agree to uphold the requirements of NYIT's Employer Policy (nyit.edu/career_guide/employers/). I am consenting to one site visit by phone or in person, and TWO online performance evaluations (mid- and end-term):

Supervisor Signature _____ Date _____

PART C – NYIT AFFILIATION

Work-Study Academic Course/Number: _____ Credits: _____ Faculty: _____ Email _____@nyit.edu

Career Services

Old Westbury

David G. Salten Hall, room 3

P: 516.686.7527

F: 516.686.7508

Manhattan

26 W 61st St, room 211

P: 212-261-1537

F: 212.261.1670

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