SAMPLE GENERAL LEARNING PLAN

- **Student:** (1) Please complete this Learning Plan with your site supervisor and submit to your course instructor for approval.
- **Learning Site:** Please complete and review with student and retain a copy for your referral.
- **Course instructor/Academic Internship and/or CSL Coordinator:** A signed copy of this learning plan should be retained for a period of 7 years per Academic Senate Policy S17-278. Questions? Email: icce@sfsu.edu | HSS 206

**SECTION I: COURSE INFORMATION**

- **Course Title:** ____________________________
- **Instructor Name:** ____________________________
- **Instructor Email:** ____________________________
- **Office Telephone Number:** ____________________________
- **Semester / Year Enrolled:** ____________________________
- **Experience type:** Academic Internship [ ] Service Learning [ ]

**Additional information specific to department/course:** ____________________________

**SECTION II: STUDENT DATA**

- **Student’s Name:** ____________________________
- **Email:** ____________________________
- **Telephone Number:** ____________________________
- **Primary Emergency Contact:** ____________________________
- **Relation:** ____________________________
- **Daytime Telephone:** ____________________________
- **Cell Phone Number:** ____________________________
- **Secondary Emergency Contact:** ____________________________
- **Relation:** ____________________________
- **Daytime Telephone:** ____________________________
- **Cell Phone Number:** ____________________________

**SECTION III: LEARNING PLACEMENT SITE INFORMATION**

- **Learning Placement Site (Organization Name):** ____________________________
- **Site Supervisor/Mentor Contact Name:** ____________________________
- **Site Supervisor/Mentor Title:** ____________________________
- **Address:** ____________________________
- **Email:** ____________________________
- **Telephone Number:** ____________________________

**Please provide a brief description of your organization:** ____________________________

**Indicate type of organization:**

- [ ] Private/Corporate sector
- [ ] Non-profit, 501(c)3 or related
- [ ] Government Agency (local, state, federal)
- [ ] Other: ____________________________

**Will the student be compensated?**

- [ ] Paid (weekly, hourly, stipend, etc.)
- [ ] Unpaid
- [ ] Unknown at this time
- [ ] Other benefits available: ____________________________
SERVICE/WORK OBJECTIVES: Summarize the student’s primary responsibilities/the type of work that the student will be doing, and the specific tasks to be completed by the end of the internship or service learning project/service.

LEARNING OBJECTIVES: Provide a brief description of the skills and experience the student can expect to gain from the internship or service learning project/service that makes this a learning experience meriting academic credit (e.g. what will the student learn that the student may not already know? What skills or experience can the student expect to gain from the mentorship/supervision provided?)

WORK SCHEDULE: The student is expected to complete a minimum of ______ hours at the host site as required by this course/department/program. The student and site supervisor should agree on a regular schedule and work space.

ADDITIONAL INFORMATION SPECIFIC TO COURSE/DEPARTMENT OR PROGRAM: Please attach any additional items, requirements, etc.

SIGNATURES:
Student
I agree to devote _____ hours per week for a total of ______ hours effective from _________ (start date) to _________ (end date) in order to fulfill the work and learning objectives described above. I agree to complete any paperwork and orientations required by my course and/or site supervisor as part of this placement, as well as other course requirements.

Note: If you are taking a University designated community service learning course and your instructor approves, the hours (a minimum of 20 hours) you completed are recorded on your Official Transcript. For more information, please contact ICCE.

Student Signature: ____________________________ Date: _________________________

Site Supervisor
As on-site supervisor/co-educator, I agree to guide this student's work and submit any requested items (e.g. evaluation, department/program specific requirements, etc.) upon request of the course instructor/academic department. Should I have any questions/concerns, I can contact the course instructor.

Site Supervisor Signature: ____________________________ Date: _________________________

Instructor
I have reviewed and approved this learning plan for the student, course, and site as stated above.

Instructor Signature: ____________________________ Date: _________________________