NON-CREDIT LEARNING AGREEMENT	Juniata College PENNSYLVANIA *1876* 1700 Moore St. Huntingdon, 814-641-3350 Fax: 814-	PA 16652	e Use Only 7/17 received of Visit evals. sent evals. returned ent eval entation Date poval Date
	Return to Career Services by <u>June</u> Note: A minimum of 240 hours of wo	e <u>1</u> ork is required	
Last name	First Name	Student I	D#
Summer address (street)	City	State	Zip Code
Permanent address (street)	City	State	Zip Code
Summer phone	Permanent phone	Summer e-mail	
Graduation year	Program(s) of Emphasis:		
Title of Internship:			
Start Date://	End Date:///	Hours per week:	
Compensation: Hourly Wage or Stipend \$	Unpaid	PHEAA	
Do you have plans to study abroad?	s - When?	No	

Internship/Research Responsibilities, Tasks and Learning Opportunities for Student: The Work Component is to be determined by the Work Supervisor and the Student. Be as specific as possible when listing duties, projects, meetings, training, research, etc. If necessary, attach a separate piece of paper.

Work Supervisor: I have discussed this internship/research experience with the student. I will provide assistance and necessary training and consultation to help the student make progress toward learning goals and objectives. I will meet with the student regularly reviewing policies, procedures, functions and be available for counsel and advice. I agree to allow an on-site visit and complete an evaluation. (Evaluation forms will be mailed to you toward the end of the internship work period).

Name of Supervisor (please print)	Title	Supervisor Email	
Name of Agency or Organization	Address	Zip	