Curricular Practical Training Student Learning Agreement
(Regular/Elective Internships only, Not PCIP or required internships)

Please discuss the following topics regarding goals and skills development with your supervisor. There are four areas in which you must indicate what you hope to achieve and how you expect to achieve it. At any time, if you and your supervisor believe your goals are unattainable, please revisit and adjust goals.

- Application of Knowledge and Skills from Major Field of Study,
- New Skills and/or Knowledge Acquisition,
- Career Development,
- Liberal Arts Application and Personal Growth.

Please provide at least ONE goal per section and at least TWO ways in which you intend to achieve each goal. (See informational sheet to assist you in completing this agreement.)

Application of Knowledge and Skills from Major Field of Study: What theories, concepts, and/or skills have you learned in your classes that will apply in this internship? Apply in a real world setting?

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New Skills and/or Knowledge Acquisition: List new skills or knowledge you hope to gain through your internship experience? These can be soft, personal or professional skills, more comprehensive knowledge of an industry.

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Career Development Goals: Explain your current career goals and how you think this internship will further those goals. What attributes do you think you need to develop to be successful in that career?

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Liberal Arts Application and Personal Growth Goals: How will this opportunity help you to clarify your professional aspirations, deepen your values, expand your interests and help you to achieve your full potential?

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Student Name __________________________________________ Signature __________________________ Date __________________

Sponsor/Employer Section: As sponsor/employer, I affirm that the student named above will serve as an intern/employee within my organization. I have reviewed this Learning Agreement and agree to provide adequate supervision, mentoring and support so that the intern may carry out agreed upon responsibilities and realize stated goals.

Supervisor/Sponsor Name __________________________ Signature __________________________ Date __________________

For any issues or questions concerning the conduct or performance of this intern, please contact the Career Development Office at career.development@pomona.edu or call 909-621-8144.