|  |  |  |
| --- | --- | --- |
| C:\Users\cem13017\Dropbox\UConn Health\UConn-Health-wordmark\png\stacked\uconn-health-wordmark-stacked-blue.png | **Health Research Program****Learning Agreement** | **INSTRUCTIONS:** This completed Learning Agreement must be submitted prior to your internship experience. The purpose is to describe what you intend to learn during the course of your internship, how you intend to learn it, and how completion of objectives will be evaluated.  |

**INTERN INFORMATION**

Name: Student ID #:

Major(s): Expected Number of Hours/Week:

UConn Health Research Mentor:

UConn Course Instructor:

|  |  |  |
| --- | --- | --- |
| **LEARNING OBJECTIVES**Describe **what** you expect to learn during this internship (e.g., expand/develop knowledge in a specific area, improve specific skills/competencies, or gain personal insight regarding a career or educational pathway). Please include ***at least two objectives***.  | **LEARNING ACTIVITIES**Describe **how** you intend to achieve your objectives (e.g., perform specific tasks on a project, receive instruction, perform assigned reading, observe procedures, attend meetings, research a topic, participate in mentored/supervised activities). Please include ***at least one activity for each learning objective***. | **EVALUATION**Describe **how your completion of objectives will be evaluated** (e.g., papers, projects, summaries of readings, reflection journal, seminars, presentations, other evaluation). Due dates and grading breakdown can be included in this column. |
| 1.  |  |  |
| 2.  |  |  |

**REQUIRED SIGNATURES:**

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**UConn Health Research Mentor Date Intern Date**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**UConn Course Instructor Date**