



TEXAS TECH UNIVERSITY

Museum of Texas Tech University™

INTERNSHIP LEARNING AGREEMENT

Student _____

Name

E-Mail Address

Campus Address

Phone

Internship Address

Phone

Site

Address

Phone

Supervisor

Title

Internship Position Title _____

Internship Project Title _____

Graduate Advisory _____

Committee Chair

Name

Title

Schedule

*Starting Date

*Ending Date

Hours per week

Total Weeks

Salary

(* Included in this time period is one week where the student must schedule to return to Texas Tech University to complete final comprehensive examinations. This week is counted as work time)

Internship Job Description:

Internship Objectives:

We, the undersigned, agree to and accept the conditions and stipulations given above, and in good faith will adhere to this agreement to the best of our abilities. All parties must mutually agree any changes to this agreement in writing.

Student

Date

Graduate Advisory Committee Chair

Date

Internship Supervisor

Date

Program Chair

Date