



**MOORPARK COLLEGE  
INTERNSHIP/WORK EXPERIENCE  
LEARNING OBJECTIVES CONTRACT**

Semester: Summer <input type="checkbox"/> Fall <input type="checkbox"/> Spring <input type="checkbox"/>	Year <b>20</b>
--	-------------------

**LO's due in CTC 2 weeks after orientation:**

Student: \_\_\_\_\_

Employer: \_\_\_\_\_

Workplace Supervisor: \_\_\_\_\_

Faculty Advisor: \_\_\_\_\_

**Workplace Learning Objectives:** The employer, faculty advisor and student are to identify learning objectives that reflect new or expanded job related responsibilities. The objectives must be specific, measurable, action oriented, realistic and able to be accomplished within the given semester. Refer to the Work Experience/Internship Handbook for guidelines and examples.

<b>Objective #1</b>	What will I accomplish?
	How will I accomplish? When?
	Documentation of Objective (i.e. List, chart, journal, outline)
	How will it be evaluated and by whom?

<b>Objective #2</b>	What will I accomplish?
	How will I accomplish? When?
	Documentation of Objective (i.e. List, chart, journal, outline)
	How will it be evaluated and by whom?

<b>Objective #3</b>	What will I accomplish?
	How will I accomplish? When?
	Documentation of Objective (i.e. List, chart, journal, outline)
	How will it be evaluated and by whom?

**PROJECT/PRESENTATION/PAPER:** Describe the project, presentation, or paper that you will complete during your work experience/internship. You are encouraged to develop a product that will contribute to your advancement in your education or career.

Description:	<input type="checkbox"/> Paper	<input type="checkbox"/> Project	<input type="checkbox"/> Presentation

**AGREEMENT**

We, the undersigned, agree with the learning objectives and project listed above and will abide by the internship guidelines. The employer and college agree to provide the necessary supervision, resources, and evaluation to insure that student receives maximum educational value for the internship.

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Faculty Advisor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Workplace Supervisor Signature: \_\_\_\_\_ Date: \_\_\_\_\_