

School of Public Affairs, Penn State Harrisburg
Political Science & Public Policy
Internship Learning Plan

To be completed by intern and site supervisor, then submitted to university supervisor for approval.

Name _____ PSU ID _____ Semester of Internship _____

Course Code/No. _____ # Credits Earned _____ # Hours/Week _____ Onsite/Remote/Both _____

Internship Site/Sponsoring Agency _____

Site Supervisor and Title _____

Supervisor Telephone _____ Supervisor Email Address _____

Site/Supervisor Address _____

Intern Learning Outcome #1:
--

Duties, Responsibilities, & Activities to Meet Outcome:
--

Intern Learning Outcome #2:
--

Duties, Responsibilities, & Activities to Meet Outcome:
--

Intern Learning Outcome #3:
--

Duties, Responsibilities, & Activities to Meet Outcome:
--

All parties have discussed and agree with above outcomes and will work together to support the completion of the learning plan.

University Supervisor Signature/Date _____

Site Supervisor Signature/Date _____

Intern Signature/Date _____