

LEARNING AGREEMENT CHANGE REQUEST FORM

CAREER DEVELOPMENT AND EDUCATION INTERNSHIP FOR ACADEMIC CREDIT

Name: _____ Major: _____

ID# _____ Box# _____ Grad Yr: _____

Internship Placement: _____ Credits: _____

Address During Internship: _____

Telephone During Internship: _____

Email: _____

Briefly describe the change you propose to your learning agreement (e.g., number of credits, on-site supervisor, learning activities or academic activities.)

I agree to the proposed changes to the student's Internship Learning Agreement.

Faculty Supervisor

Print Name: _____ **Signature:** _____ **Date:** _____

Internship Coordinator

Print Name: _____ **Signature:** _____ **Date:** _____

Office Use Only: Date changes sent to Registrar (if applicable): _____

Please submit this form to Career Development and Education, First Floor, Golisano Hall

Changes can not be made after the internship experience has been completed or without proper approval.

