

Learning Agreement

Academic Year 20__ - 20__

This agreement is due on the date specified by the Office of Professional Education. Additional blank copies may be secured from the Office of Professional Education or the finished copy can be photocopied.

Part One: Identifying Data

Student's Name: _____

Address: _____

Student's Telephone: _____ E-mail _____

STH Box _____ Year ___1 ___2 ___3 Other _____

Degree Program: _____

Church/Institution Name: _____ Church/Inst. Telephone: _____

Address: _____ E-mail _____

Church Pastor or Task Supervisor (if not the Supervisor): _____

Supervisor's Name: _____

Address: _____

Supervisor's Telephone: _____ E-mail _____

Supervisory Conference to be held (should average at least one hour per week):

(day) _____ from (time) _____ to _____ at (location) _____.

Special Arrangements:

This Agreement is accepted by:

ITP Leader: _____

Date: _____

Student: _____

Date: _____

Supervisor: _____

Date: _____

On-Site Supervisor: _____

Date: _____

(if different from Supervisor)

Internship Committee Chair: _____

Date: _____