



UC Davis Washington Program Work Plan & Learning Agreement

Submission instructions for student: Submit this completed document to your assigned Program Administrator and/or send to washingtonprogram@ucdavis.edu, and we will confirm receipt. **A completed form is required of your participation in the program.**

Note to supervisor: Please do not hesitate to contact us if you have any questions. The staff can be contacted at washingtonprogram@ucdavis.edu. You can learn more about UCDC by going to washingtonprogram.ucdavis.edu.

Student's Name _____ Campus _____

Student's Email _____

Internship Office/Name _____

Office Address _____

Office Phone Number _____ Fax _____

Office Website _____

Internship Title _____

Department/Division _____

Supervisor's Name _____

Supervisor's Title _____

Direct Phone Line/Ext. _____

Supervisor's Email _____

Student will work _____ hours a week from _____ to _____
(hours) (start date) (end date)

Anticipated hourly work schedule (i.e. 9am – 6pm):

Monday	Tuesday	Wednesday	Thursday	Friday

Compensation: Please check the appropriate box below and indicate the amount if applicable.

Unpaid Stipend _____ Hourly Wage _____ Other _____

Learning objectives (If available, please attach a copy of the internship description):

1.

2.

3.

4.

List the activities and tasks that will help the student meet learning objectives:

1.

2.

3.

4.

Training and orientation the student will receive:

Other remarks:

Signatures:

Internship supervisor/ mentor

Date

Student

Date