Azusa Pacific University

**Master of Arts in Transformational Urban Leadership Program**

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**Service-Learning Agreement**

TUL555 *Educational Center Development*

This is an educational agreement signed between \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (**Student**) and \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (**School Supervisor**). It is agreed that the student-intern will undertake the following service and learning program in partial fulfillment of the requirements for TUL555 Educational Center Development

**Start Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **End Date**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Student**

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| **Name:** |
| **Phone #: Email address:** |
| **Address during internship** (street, city, country, zip code, phone #, email): |
| **Role(s) during internship:** |

# Internship Agency & Supervisor

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| **Name of school:** |
| **Address:** |
| **Name of supervisor:** |
| **Phone#:** |
| **Email address:** |
| **School description** (type, general purpose, client population(s), size)**:** |

1.*Learning**Goals.* What goals do you have for undertaking this internship?

A. *Knowledge goals* relate to obtaining information and understanding ideas and theories through direct field experience.

B. *Personal development goals*—areas that you want to challenge yourself to grow in during the internship.

C. *Skill goals*—things you want to learn to do through your service at the school.

2. *Service Activities & Responsibilities.* This is your “Job Description.” Specify the work functions, tasks, or projects, negotiated with your supervisor, that that will support the organization’s mission while helping you to realize your learning goals.

3. *Work Schedule.* I agree to work a total of at least 40 hours in the service activities specified above. This entails \_\_\_\_ hours per week for \_\_\_\_ weeks.

4. *Support & Supervision.* What instruction, assistance, direction, and supervision have you arranged to receive through the school during the course of the internship?

Have you and your Supervisor agreed to *meet regularly* (preferably once each week during the service term) for guidance, problem solving, and informal evaluation? □ Yes □ No

5. *Potential Problem(s).* What problems, if any, do you anticipate in achieving your learning goals and anticipated outcomes?

*I have read and understood the conditions of this agreement and agree to comply with its content.*

|  |  |
| --- | --- |
| Signature of Supervisor | Date |
| Name of Supervisor |  |
| Student Signature | Date |
| Student Name |  |