

Due by the end of the first week of your co-op/internship experience.



UNIVERSITY OF
ARKANSAS

J. William Fulbright
College of Arts & Sciences

Learning Objectives Form

Work with your new supervisor to complete this form. For detailed instructions, click [HERE](#)

Name: _____	Major: _____	Graduation Date: _____
Last	First	
Current Mailing Address: _____	City	State Zip
Phone #: _____	Student I.D. #: _____	

Internship Information

Company: _____	Department: _____	
Your Title: _____	Your Work Phone Number: _____	
Gross Hourly Pay: _____	# Hours You Work/Week: _____	Your E-mail Address: _____
Company Address: _____	City	State Zip
Supervisor's Name: _____	Supervisor's Title: _____	
Supervisor's Phone Number: _____	Supervisor's Email _____	
Semester: Fall, 20 _____	Spring, 20 _____	Summer, 20 _____

Instructions: K gpvhhf "j tgg'hgctplpi "qdlgevkgu"j cv" { qwr np"v"ceeqo r rkuj "T wtkpi " { qwt "lpvgtpuj kr 0Vj g"qdlgevkgu"uj qwr "lpf lecvg"j g"unkm"cpf "hpqy rnf i g" { qw'y km' i clp"cu'c"t guwn'qh" { qwt "lpvgtpuj kr 0Vj g"qdlgevkgu"uj qwr "dg"ur gekkte."o gcuwtcdng."cpf "tgcrukke"cpf "eqo r ngo gpv" { qwt "cecf go ke "hgctplpi "cpf "ectggt"i qcn0F kueuu"j g" qdlgevkgu"y kj " { qwt "lwr gtxkuqt"cpf "j cxg"j go "cr r tqxgf 0T gwt p"j g"eqo r rnygf "hqt" "v"j g "Kout wevt"qp" Tgeqt f "chgt" { qwt "hkuv'y ggm"cpf "dg"lwt g"vq"hggr "c"eqr { "hqt { qwt "tgeqt f u"lkeg" { qw'y km'pggf "k"v"y tkg" { qwt "hpcn"t er gt0

Learning Objective #1:

Action Plan #1:

Learning Objective #2:

Action Plan #2:

Learning Objective #3:

Action Plan #3:

Student Signature

Work Supervisor's Signature

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Email completed form to Dr. Deb Korth at dkorth@uark.edu