

California State University, San Bernardino
Department of Criminal Justice
Internship Learning Agreement (ILA)

CRIME ANALYSIS ONLY

Incomplete, handwritten, or late forms will not be accepted

Student Information

Name: Last		First	Coyote ID:	
Address: Street		City	State	Zip
Phone: () -		Email:		
Current Class Level:		Quarter:	Year:	

Registration Information

5 Digit #:	Technical proficiency (check one): GIS Cyber Security:	
Have you completed a previous CJUS/PLST internship? Yes No		
When? Quarter:	Year	

Required Courses Completion and Grades

Quarter	Year	Grade	Quarter	Year	Grade
CJUS311			CJUS320		
CJUS312			CJUS470		

Internship Site Information

Organization Name:		Phone: () -		
Address: Street		City	State	Zip
Supervisor Name: Last		First		
Supervisor Title:		Email:		

Internship Site Details

Start Date of Internship: / /	End Date: / /
Hours per week:	Compensation: Paid Unpaid

1. Job Description: What will be your specific responsibilities, projects, and/or tasks?

2. Learning Plan: What do you expect to learn from this internship? Please list all your learning objectives, in the following areas:
- a. Professional Learning
 - b. Academic Learning
 - c. Personal Learning

AGREEMENT

August 2015

Please read and sign below.

Intern:

Checklist- Refer to the following checklist and initial before submitting your ILA

- I have read and signed the liability waiver form (EO-1051).
- All sections and lines of the ILA form are *completed, dates specified where indicated.*
- ILA form has all required signatures.
- For withdrawals or incompletes during fall, winter, spring, and summer internships, follow the dates on the Academic Calendar.
- Keep in mind how 4 credits will affect your course load. If you will be in credit overload, you must petition for a course overload.

I agree with and accept the academic and work assignments within this agreement.

I understand and will adhere to the internship registration procedure. I will complete all work and academic assignments to the best of my ability. I accept the obligation of confidentiality in my work and will familiarize myself with and adhere to the employer’s relevant policies and procedures, including those pertaining to criminal background checks, and appropriate standards of ethical conduct.

Intern Signature

Date

Site Supervisor:

- I have discussed this internship with the intern and we have agreed upon the responsibilities, tasks and assigned work components appearing above.
- I have received a copy of the Internship Guidelines from the student.
- I agree to provide assistance, training, and consultation to the intern.
- I agree to provide a professional work environment for the intern so that the intern can progress toward the learning plan outlined above.
- I agree to complete an Intern Evaluation Form at the end of the internship.

Site Supervisor Signature

Date

How do you prefer we send you documents? By email By mail

Print out COMPLETED form with all required signatures and turn in to

the Department of Criminal Justice in SB209.