

# DAKOTA WESLEYAN UNIVERSITY

## Cooperative Learning and Internship Program

### Learning Plan

**Student Name:** \_\_\_\_\_ **Phone:** \_\_\_\_\_ **Class Level:** First Year  Sophomore  Junior  Senior

**Address:** \_\_\_\_\_

**Field Work Experience 250**  **Internship 450**  **Conducted:** Fall  Spring  Summer  **Year:** 20\_\_\_\_

**Major:** \_\_\_\_\_ **Minor:** \_\_\_\_\_ **Faculty Coordinator:** \_\_\_\_\_

**Name of Organization:** \_\_\_\_\_ **Site Supervisor:** \_\_\_\_\_

**Address of Organization:** \_\_\_\_\_

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

It is recommended that two or more learning objectives be identified in each of the following categories with specific strategies for each objective.

- I. Academic Learning and Application (i.e., related to the ideas, concepts, or theories of your major or minor field(s) of study and ideas or concepts related to the liberal arts).
- II. Skill Development (i.e., skill specific to your academic/major or an occupation, and/or general skills such as oral and written communication, critical thinking, organization, problem solving, decision making, leadership, interpersonal relationships, technical, computer, etc.)
- III. Personal Development (e.g., self-confidence, self-awareness, self-management, sensitivity and appreciation for diversity, clarification of work and personal values, career awareness and professional development, etc.)

Learning Objectives (What I intend to learn)	Strategies (Specific processes for achieving my objectives)	Evaluation Methods (How my progress will be measured)

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Learning Objectives (What I intend to learn)	Strategies (Specific processes for achieving my objectives)	Evaluation Methods (How my progress will be measured)

Faculty Coordinator: In my judgment, the learning objectives described above constitute a valid learning experience worthy of academic recognition.  
 Faculty Coordinator Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Site Supervisor: I have read this Learning Plan and attest that its components meet the standards and expectations with my organization/company. I agree to conduct an evaluation of the student and to participate in a site visit by Dakota Wesleyan University, if requested.  
 Site Supervisor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Student: I agree to carry out the objectives, strategies, and methods of the Learning Plan promptly and, to the best of my ability, fulfill my cooperative learning objectives.  
 Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

NOTE: This form must be returned to the Office of Internships by the end of the first week of the cooperative learning experience.  
 LEARNING PLAN DUE: \_\_\_\_\_