

CONVERSE COLLEGE INTERNSHIP PROGRAM

Office of Career Services
Converse College
580 East Main Street
Spartanburg, SC 29302
(864) 596-9027
(864) 596-9146

LEARNING AGREEMENT

Student Name _____ *Term of Internship* _____

Cum. GPA _____ *Major* _____ *Class* _____

Faculty Director of Internship _____

I. Academic Proposal (See attachment for information to be included). Please TYPE this section.

Student Signature *Date*

**II. Credit Confirmation (to be completed by faculty director).
I support the proposal and agree to sponsor the above named student for:**

Department and Course Number *# of Credits* *Type of Credit*

Signature of Faculty Director *Signature of Intern Coordinator*

Date received by Career Services