

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

**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:		Semester:	Year:		

**Registration Information**

Declared Major: CJUS ONLY	
CJUS with B.S. in Intelligence and Crime Analysis	
5 Digit #:	Have you completed a previous CJUS internship? Yes No When? Semester: Year:

**Internship Site Information**

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

**OFFICE USE ONLY**

Student GPA: _____	Uploaded: _____	Permit Issued: _____
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**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**

**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, spring, and summer internships, follow the dates on the Academic Calendar.
- Keep in mind how 3 credits will affect your course load. If you will be in credit overload, you must petition for a course overload.
- I understand I must complete a written report between 2,000-3,000 words and that my supervisor has to send in my evaluation at the end of the semester in order for me to receive a grade.

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.

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Intern Signature	Date
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**Site Supervisor:**

- I have discussed this internship with the intern and we have agreed upon the responsibilities, tasks and assigned work components appearing above.
- Each internship includes a commitment on the part of the student of a minimum of 120 hours and up to a maximum of 200 hours.
- 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.

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Site Supervisor Signature	Date
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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.**