



MAINE DEPARTMENT OF CORRECTIONS
Student Internship Learning Agreement

Form with fields: Intern Name, Intern Phone, Intern Address, Academic Advisor's Contact Information

Form with fields: Maine Department of Corrections Facility/Region/Office Location, Physical Address, DOC Supervisor (name, title), DOC Supervisor Phone, Email

Project Duration Detail

Form with fields: Start Date, End Date, Total Hours, Hours/Week, Wages (\$ per hour), if any

This AGREEMENT, made this \_\_\_ day of \_\_\_ is by and between the State of Maine Department of Corrections hereinafter called "Department" and hereinafter called "Intern".

WHEREAS IT IS AGREED THAT:

The Department will provide the following learning experiences to the Intern: (Project Proposal description of Anticipated Intern Outcomes), add additional pages if necessary

Blank lines for providing learning experiences

The Intern agrees to the following expectations of the Department: (Project Proposal Role of Intern), add additional pages if necessary

Blank lines for providing expectations

Project Description & Purpose: (Describe the project goals and anticipated outcome), add additional pages if necessary

Blank lines for providing project description

Name of College or University

Department of Corrections

Signature of Student Intern

Signature of Authorized DOC Official

Printed Name of Student Intern

Printed Name of Authorized DOC Official