

HARTFORD SEMINARY
Islamic Chaplaincy Field Education Program
Learning Agreement
(3 pages total)

Intern: _____

Intern contact info: _____

Location

Name of Institution: _____

Mailing Address:

Location Address: (if different) _____

Telephone: _____

E-mail: _____ **Fax:** _____

Site Description:

Please provide a brief description of your institution. This is important in helping us place the right student at the right institution. Please also include information about the population your institution serves.

Supervisor

Supervisor's Name and Title: _____

Home Address: _____

Home Telephone: _____ **E-mail:** _____

Supervisor's Educational Background:

*Please list undergraduate, seminary and graduate institutions, degrees awarded and date of degree **or** attach a copy of your resume.*

Professional/Vocational Experience:

*Please list all relevant positions held and dates of service **or** attach a copy of your resume.*

Supervision of Students:

Please list any experience and/or training you have had in working in a supervisory capacity.

Description of Intern's Responsibilities:

Financial Contribution

What kind of remuneration, if any, will you agree to pay the intern?

Signature of Intern

Date

Signature of Site Supervisor

Date

Signature of Hartford Seminary Advisor

Date