**Work-Based Learning Project Assignment**

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| Student Name: | Student ID# |
| Project Area Advisor: | Internship Teacher: |
| Business Partner: |  |

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| Project Description and ObjectivesGive a brief description of the project with purpose, outcomes and time line |
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| By signing below each party agrees to the terms of this agreement and the rules, regulations and provisions of the Work-Based Learning Program. Failure to comply with this agreement in whole or part, may result in the dismissal of the student from the Work Based Learning program, disciplinary action, possible failure of course and/or loss of credit. |
| …………………………………………………………. Student Signature: | …………………………………………………………. Parent Signature: |
| …………………………………………………………. Project Area Advisor Signature: | …………………………………………………………. Internship Teacher Signature: |
| …………………………………………………………. Business Partner Signature: | …………………………………………………………. Campus Administrator Signature: |