IDR910 Internship, Learning agreement

**Student name:**

**Firm / Organization:**

**Address:**

**Name and position of supervisor in the organization:**

**Dates of the internship:**

**HiMolde Supervisor:** Solveig Straume, Tel: +47 93 03 74 71, E-mail:solveig.straume@himolde.no

**THE INTERNSHIP ORGANIZATION MUST FILL OUT THE BELOW BOX**

|  |  |  |
| --- | --- | --- |
| **GOALS / LEARNINGOBJECTIVES***What* the student will learn, or will be able to do | **STRATEGIES AND TASKS***How* the learning objectives will achieved (processes, activities, etc.) | **EVALUATION**How students’ *progress* will be measured |
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Place and date:

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 **Student Supervisor at organization HiMolde Supervisor**