

Academic Internship

St. Andrews Presbyterian College

Internship Agreement

for

Name of Student

Semester / Year

STUDENT CHECK LIST:

- Secure internship site
- Obtain approval of site supervisor
- Complete Measurable Learning Outcomes
- Obtain approval of faculty sponsor and division chairperson
- Submit all complete materials to director of internships by the deadline
- Submit material to Registrar's Office

OFFICE USE ONLY:

- Date Submitted**
- Approved**
- Not approved**
- Prefix and Number** _____
- Number of Credit Hours** _____
- Site supervisor/faculty sponsor**
- Evaluation sent to site supervisor**
- Evaluation to faculty sponsor**

INTERNSHIP AGREEMENT

Student

TO BE COMPLETED BY STUDENT – PLEASE PRINT

Student: _____

Campus Box #: _____ Phone: _____ Cell Phone: _____

Campus Email: _____ Other Email: _____

Cumulative GPA: _____ Number of credit hours EARNED: _____

If the GPA is below 2.5, a request for an exception to the institutional policy must be included with the application.

Term you intend to register for the internship: (check one)

- Fall (entire semester)
- Fall (demi-semester I only)
- Fall (demi-semester II only)
- Spring (entire semester)
- Spring (demi-semester I only)
- Spring (demi-semester II only)
- Summer
- Other _____

Off-campus address and phone number during internship (if applicable):

Faculty Sponsor: _____

Internship Site Supervisor: _____

Supervisor's Title: _____

Internship Site (name of organization) and Internship Location (address, city, and state):

Work Phone: _____ Fax: _____

Email: _____ Website: _____

INTERNSHIP AGREEMENT

SITE SUPERVISOR

PLEASE PRINT - TO BE COMPLETED BY SITE SUPERVISOR

Internship Site (name of organization, agency or business):

Intern's Name:

Phone number: _____ Fax number: _____

Email address: _____

Date of the Internship: _____ to _____

Internships schedule: Total hours per week _____ Days per week _____

Stipend or compensation for student (if any): _____

List actual duties and responsibilities to be performed by the student during the internship. Please be as specific as possible:

What training/orientation will be provided for the intern?

The evaluation of the student intern's performance by the site supervisor is a key component in the academic internship process. Your signature will indicate that the following will be used to evaluate the intern's performance:

- observation of student's work
- feedback to student
- completion of evaluation form (provided) at end of internship
- consultation with faculty sponsor or director of internships, as appropriate
- other: _____

Name of site supervisor: _____

PLEASE PRINT

Signature of site supervisor: _____

Signature of student: _____

Date

MEASURABLE LEARNING OUTCOMES (MLO's)

The written objectives or learning outcomes should clearly describe what you intend to learn during your internship. Each measurable learning outcome or objective should have three components:

- A- Learning Outcome: What is it that I want to learn?
- B- Activities/Resources How am I going to learn it?
- C- Evaluation/Verification How am I going to demonstrate what I learned?

All of the MLO's should be written out in detail on a separate page and inserted in the Internship form. (Please replace the following sample page with the MLO's for this internship. They will be reviewed by your site supervisor and faculty sponsor before you submit them with your application materials. The signatures below indicate acceptance of the MLO's by all parties involved.

Student's signature	Date
Site Supervisor's signature	Date
Faculty Sponsor's signature	Date

Note: Your learning outcomes are dynamic, not static. If you realize one of your outcomes or objectives needs to be modified, or changed completely, it is possible. Talk with your faculty sponsor, and if all parties are in agreement, the change can be made.

By the end of the term of my internship, I will accomplish the following objectives or learning outcomes as rated by my supervisor: [Please note that your site supervisor will evaluate how well you accomplished each of the objectives by assigning a percentage figure (0-100%) in the column provided below **at the end of the internship** ---- a copy of this form will be sent with the evaluation form.]

Supervisor's rating (%)

1.	
2.	
3.	
4.	

Evaluation at the end of the internship: _____
Site Supervisor's signature
Date

SAMPLE MEASURABLE LEARNING OUTCOMES

NOTE: This page should be replaced by the applicant's own MLO's.

1. **Learning Outcome:** Develop an understanding of the process of researching and writing a press release for the hospital.

Activities/ Resources: Review and critique past press releases to understand content and context of the intended message. Participate in the interviewing of appropriate personnel (when needed) and the collection of information with the Director of External Marketing. Complete the collection of information individually. Write and revise drafts of press releases.

Evaluation/Verification: Research and write a press release that is approved by the Director and is issued by the hospital.

**INTERNSHIP AGREEMENT
FACULTY / DEPARTMENT SPONSOR**

TO BE COMPLETED BY FACULTY SPONSOR – PLEASE PRINT

Student: _____ Term: _____

Faculty Sponsor: _____

Phone #: _____ Fax # _____

Email: _____

Department granting credit: _____ Level of Internship: ___ 295 ___ 395 ___ 495

Number of credits received: ___ 1 (50+ contact hours) ___ 2 (100+ hours) ___ 3 (150+ hours)
___ 4 (200+ hours) ___ 5 (250+ hours) ___ 6 (300+ hours)

How will the credit earned during the internship be used:

___ Major hours ___ Elective hours

Has the student satisfied all departmental prerequisites for starting an internship?

___ Yes ___ No

What additional academic work will constitute the internship? Please indicate as specifically as possible the expectations you have for the student and be certain to include evidence of achieving the student's MLO's. For example: number/frequency of journal entries, length of reflective paper, scope of portfolio/presentation, etc. (Check and describe all that apply.)

___ Journal _____

___ Reflection paper (guidelines provided by Internship Director) _____

___ Report of presentation at conclusion _____

___ Assigned reading _____

___ Meetings or communication with faculty sponsor

___ Other _____

FACULTY / DEPARTMENT SPONSOR CONTINUED

What will be the nature of the communication between the faculty sponsor and the student during the internship and before the final grade is established?

- ____ Phone/fax discussions/email
- ____ Regular meetings (When _____)
- ____ Site visit when possible

How will the grade for the internship be determined? (Please use percentages to indicate the weight of each component used.)

Evaluation of site supervisor	_____ %
Final presentation	_____ %
Reflection paper	_____ %
Portfolio	_____ %
Journal	_____ %
Other (_____)	_____ %
	100%

Signature of the student _____
Date
(indicating acceptance of responsibilities associated with the internship)

Signature of faculty sponsor _____
Date
(indicating approval of the internship)

Signature of the division chairperson or designee _____
Date
(indicating approval of the internship)

Signature of the academic internship director _____
Date
(indicating approval of the internship)

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