# Academic Internship

**Internship Agreement**

**for**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Name of Student**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Semester / Year**

**STUDENT CHECK LIST: OFFICE USE ONLY:**

\_\_\_\_Secure internship site **\_\_\_\_Date Submitted**

\_\_\_\_Obtain approval of site supervisor **\_\_\_\_Approved**

\_\_\_\_Complete Measurable Learning Objectives  **\_\_\_\_Not approved**

\_\_\_\_Obtain approval of faculty sponsor and **\_\_\_\_Prefix and Number \_\_\_\_\_\_\_\_\_\_\_**

division chairperson **\_\_\_\_Number of Credit Hours \_\_\_\_\_\_**

\_\_\_\_Submit all complete materials to director of  **\_\_\_\_Site supervisor/faculty sponsor**

internships by the deadline **\_\_\_\_Evaluation sent to site supervisor**

\_\_\_\_\_Submit material to Registrar’s Office **\_\_\_\_Evaluation to faculty sponsor**

**INTERNSHIP AGREEMENT**

***Student***

# *TO BE COMPLETED BY STUDENT – PLEASE PRINT OR WORD PROCESS*

Student: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Cell Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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):

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Advisor**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Work Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Fax: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Internship Site Supervisor**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Supervisor’s Title*: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Internship Site & Location** *(name of organization, address. City, & State)*: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Work Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Fax: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**INTERNSHIP AGREEMENT**

***SITE SUPERVISOR***

# *TO BE COMPLETED BY SITE SUPERVISOR – PLEASE PRINT OR WORD PROCESS*

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

Date of the Internship: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ to \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Internships schedule: Hours per week\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Sunday** | **Monday** | **Tuesday** | **Wednesday** | **Thursday** | **Friday** | **Saturday** |
|  |  |  |  |  |  |  |

*\*Chart can be used towards making a schedule or an agreement of hours and days a week, the Intern and Site Supervisor initially agree on.*

Stipend or compensation for student (if any): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**What training/orientation will be provided for the intern?**

**Actual duties and responsibilities to be performed by the student during the internship?**

*Please be as specific as possible*

***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 on page 5 and)* 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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Date

Signature of student: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Date

**MEASURABLE LEARNING OUTCOMES**

***(MLOs)***

The written objectives or learning outcomes should clearly describe what you intend to learn during your internship. Work with your site supervisor and faculty sponsor to ***develop three or four MLOs***.

* Each measurable learning outcome or objective should have three components:
1. **Learning Outcome:** *What do I want to learn?*
2. **Activities/Resources:**   *How am I going to learn it?*
3. **Evaluation/Verification:** *How am I going to demonstrate what I learned?*

**All of the MLOs should be written in detail on a separate page and turned the Internship form. Your name must appear on the page with the MLOs.**

*(Please replace the following sample page with the MLOs for this internship.)*

***Your site supervisor and faculty sponsor must review the MLOs before you submit them with your application materials.***

The signatures below indicate acceptance of the MLOs by all parties involved.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_

Student’s signature Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_

Site Supervisor’s signature Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_

Advisor’s signature Date

At the end of the term of the internship, the site supervisor will rate how well you have accomplished the measureable learning outcomes. Your site supervisor will evaluate how well you achieved each of the learning objectives by assigning a percentage figure *(0-100%)*. A copy of the MLOs will be sent with the evaluation form.

**SAMPLE MEASURABLE LEARNING OUTCOMES**

**For: \_*Student’s Name*\_\_**

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

**SAMPLE**

1. **Learning Outcome:** *Inter (Miss Stumberg) will become familiar with the most current and cutting edge treatment options for various injuries found in hunter/jumper show horses. She will learn the application and uses of equine pharmaceuticals and other remedies.*

**Activities/Resources:** *Intern will work 6-day weeks of up to 12 hour days and be on call always. She will assist Dr. Gamboa in all aspects of standard veterinary procedures. She will be present at all of the horse shows at which Dr. Gamboa is the on-site vet and will have first-hand experience with evaluation, diagnostic procedures, and treatment options for a variety of different disorders.*

**Evaluation/Verification:** *Intern will keep a daily journal of all cases taken and procedures performed. Her logs will include history, evaluation, diagnosis, treatment, and prognosis of each horse which comes into the Gamboa clinic.*

*.*

1. **Learning Outcome:** *Intern will be exposed to modern radiographic technology and be taught how to properly read X-rays, ultrasounds, etc.*

**Activities/Resources:** *Intern will be assisting Dr. Gamboa in radiographic procedures, learning how to operate the machinery and also how to diagnose problems by evaluation of the diagnostic imagery.*

**Evaluation/Verification:** *Intern will log copies of aforementioned diagnostic imagery in her journal, in which she will describe the abnormalities and issues shown by the radiograph or ultrasound.*

1. **Learning Outcome:** *Intern will develop a systematic approach to diagnosing various equine injuries and abnormalities. She will be exposed to a large number of horses with various problems due to Dr. Gamboa’s frequent travel and his position as a horse show vet.*

**Activities/Resources:** *Intern will be shadowing Dr. Gamboa at all times. She will follow him on barn calls, to shows, and keep her horses at his personal farm so as to get as much experience as possible. She will get a first-hand experience of the true experience of being a vet.*

**Evaluation/Verification:** *Along with completing her journal, the intern will also complete four case studies relating to the quine patients treated. They will include the encountered scenario as well as extensive research on the injury or disease of the horse in question.*

**INTERNSHIP AGREEMENT**

**FACULTY/DEPARTMENT SPONSOR**

# *TO BE COMPLETED BY FACULTY SPONSOR – PLEASE PRINT OR WORD PROCESS*

Student: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Term: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Faculty Sponsor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Fax # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Major or 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 prerequisites for starting an internship?

 \_\_\_\_Yes \_\_\_\_No

What additional academic work will constitute the internship? *(Check all that apply.)*

*Please indicate as specifically as possible the expectations you have for the student. For example: number/frequency of journal entries, length of reflective paper, scope of portfolio/presentation, etc.*

 \_\_\_\_**Journal**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 \_\_\_\_**Reflection paper (guidelines provided by Internship Director)** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 \_\_\_\_**Report of presentation at conclusion**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 \_\_\_\_**Assigned reading**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 \_\_\_\_**Portfolio**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 \_\_\_\_**Other**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**FACULTY/DEPARTMENT SPONSOR AGREEMENT**

*(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?

*Be certain to indicate how frequent the communication should occur and if the student is responsible for initiating the communication.*

 \_\_\_\_Phone/fax discussions/email

 \_\_\_\_Regular meetings

 \_\_\_\_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 the faculty sponsor Date

*(indicating approval of the internship)*

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of the department chairperson or designee Date

*(indicating approval of the internship)*

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of the academic internship director (Dean Loftus) Date

***Academic Internship Measurable Learning Outcomes (MLO’s) SAMPLE ASSESSMENT***

**For: \_*Student’s Name*\_\_**

**SAMPLE**

*The Learning Outcomes for the student are detailed on a separate sheet of paper.*

*Please rate on a scale of 0 to 100%*

|  |  |  |
| --- | --- | --- |
| **#1 Learning Outcome** | **Comments** | **Score** |
| **#2 Learning Outcome** | **Comments** | **Score** |
| **#3 Learning Outcome** | **Comments** | **Score** |
| **#4 Learning Outcome** | **Comments** | **Score** |
| **Additional Comments and or Advice:** |

Form completed by *(print name):* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please complete and return using the enclosed envelope if mailed, return via FAX to (910) 277-5746, or return via email to *Internships@sa.edu*. Your prompt attention will allow the student to receive academic credit for this valuable learning opportunity.

***Academic Internship Performance Appraisal: SAMPLE***

**SAMPLE**

**For: \_*Student’s Name*\_\_**

*Please rate on a scale of 1 to 10, with 1 as complete failure and 10 as perfection.*

|  |  |  |
| --- | --- | --- |
| **Quantity of Work** | **Comments** | **Score** |
| **Quality of Work** | **Comments** | **Score** |
| **Cooperation** | **Comments** | **Score** |
| **Initiative**  | **Comments** | **Score** |
| **Dependability** | **Comments** | **Score** |
| **If the student were to continue on this career path what could they improve on?**  |

Form completed by *(print name):* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Your prompt attention will allow the student to receive academic credit for this valuable learning opportunity.