

## **CMU Standardized Internship Program Explanation**

### **Purpose:**

To provide a structured internship program that will adequately protect the institution and its students and meet the guidelines that are required by the United States government so that all CMU students (citizens and internationals) can participate in experiential education.

### **Program Goals:**

The internship program at Central Methodist University is designed to extend student learning opportunities beyond the traditional classroom setting into professional work environments. Internships are an educational strategy whereby students complement their academic preparation with direct practical experience. The effort to combine a productive work experience with an intentional learning component is a proven method for promoting the academic, personal, and career development of the students. Internships allow students to earn academic credit while undertaking planned, professionally supervised work experiences related to their on-campus academic programs and career interests.

### **Internship Philosophy:**

- The program will be structured to benefit both the student and the organization. The internship should be an experience worthy of academic credit.
- The internship needs to be arranged in advance to coincide with the Fall, Spring, or Summer terms.
- An internship should be a carefully monitored work experience in which an individual has intentional learning goals and reflects actively on what she or he is learning throughout the experience. These goals may include academic learning, career development, skill development, and/or personal development.

### **Requirements for Credit:**

- Utilizing campus resources (Career Development Center, Academic Department), the student secures an internship related to her or his course of study.
- An initial meeting with the student's academic advisor or department head is required to discuss credit hours, learning goals, and method of evaluation.
- A Faculty Internship Advisor will be assigned to oversee the internship.
- The student is required to work at least 40 hours per credit hour received; however, the academic department determines how many credit hours the student may receive for the experience.
- The student will register for the internship using the Internship Information Form. Retroactive credit will not be permitted.
- The student will complete all hours required by the internship in order to receive academic credit.
- The student will complete all forms required as well as meet the requirements for the Evaluation Method stipulated by the respective academic department.

### **Paperwork Required:**

1. **Internship Information (Form 1)** details site information and hours and outlines who will be granting credit and supervising the experience. Students are required to develop two Learning Goals outlining what they plan to learn from the experience as well as the strategies they will

utilize to accomplish those goals. The form must be submitted to the Office of the Registrar with complete and accurate information at the very beginning of the academic term. All signatures are prerequisites for enrollment.

2. **Student Internship Agreement (Form 2)** is a general release agreement which outlines the prospective intern's responsibilities regarding the University's professional liability insurance coverage and guidelines pertaining to personal conduct. The signed agreement on the back of Form 1 must be submitted to the Office of the Registrar with complete and accurate information at the very beginning of the academic term.
3. **Internship Memorandum of Understanding (Form 3)** carefully outlines the responsibilities of the student, the university and the employer (referred to as the Agency) and is put in place to protect the Institution and the students. This signed form—along with Form 1 and Form 2—must be submitted to the Office of the Registrar with complete and accurate information as a prerequisite for enrollment.
4. **Mid-Internship Self Evaluation (Form 4) (Optional – at the discretion of the Faculty Internship Advisor)** is a rubric that allows the student intern to evaluate her or his progress half way through the internship experience. This should be filled out before the intern receives feedback from the employer. This allows the student to see whether there are discrepancies in perception, and it allows the Faculty Internship Advisor to view the internship from both sides of the experience. This form will be submitted to the Faculty Internship Advisor at the midpoint of the internship experience.
5. **Mid-Internship Evaluation (Form 5) (Optional – at the discretion of the Faculty Internship Advisor)** is a rubric that allows the employer to give the student and the Faculty Internship Advisor feedback midpoint through the term on how the internship and the intern are progressing. This form will be submitted to the Faculty Internship Advisor at the midpoint of the internship experience.
6. **Final Internship Self Evaluation (Form 6)** is a rubric that allows the student intern to evaluate her or his progress in regards to the duties of the internship. Again, this allows the faculty member to have a complete view of the experience. This form must be submitted to the Faculty Internship Advisor at the conclusion of the internship experience.
7. **Final Internship Evaluation (Form 7)** is a rubric that allows the employer to assess the intern's abilities, growth, and contribution. This form assists the Faculty Internship Advisor in assigning a grade, and the form will be shared with the student. This form must be submitted to the Faculty Internship Advisor at the conclusion of the internship experience.
8. **Evaluation Method** is the academic requirement of the internship experience. The student will complete either a journal detailing her or his learning, a final paper, a final project, or a presentation. The specific method will be determined by the Faculty Internship Advisor and noted on the Internship Information Form when the student enrolls for the internship experience. The intern may be required to make periodic reports of progress, or the evaluation may be more reflective in nature. This form must be submitted to the Faculty Internship Advisor before the end of the academic term.

**Internship Information (Form 1)**

*(must be submitted to Registrar's Office as a prerequisite for enrollment)*

**Student Intern Information**

Name: \_\_\_\_\_ ID # \_\_\_\_\_ Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

Student's address during internship: \_\_\_\_\_

Class standing:  Freshman  Sophomore  Junior  Senior

Major(s)/Minor(s): \_\_\_\_\_

**Internship Information**

Course # \_\_\_\_\_ Course Title \_\_\_\_\_ Dept. \_\_\_\_\_ # of credit hours \_\_\_\_\_

Semester/year (i.e. Fall 2007) \_\_\_\_\_

Hours to work per week: \_\_\_\_\_ #of weeks \_\_\_\_\_ Total hours \_\_\_\_\_

Site work schedule (i.e. Monday 12-4:30 p.m.):

Monday \_\_\_\_\_ Tuesday \_\_\_\_\_ Wednesday \_\_\_\_\_ Thursday \_\_\_\_\_ Friday \_\_\_\_\_

Is the position paid?  Yes  No \_\_\_\_\_ Amount?

Effective dates: Starting \_\_\_\_\_ Ending \_\_\_\_\_

Briefly describe the role you plan to undertake as an intern:

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

**Site Supervisor Information**

Name: \_\_\_\_\_ Title of Supervisor: \_\_\_\_\_

Organization: \_\_\_\_\_

Street Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ E-mail: \_\_\_\_\_

**Internship Advisor Information (Faculty)**

Name \_\_\_\_\_

Phone and e-mail \_\_\_\_\_

**Student's Academic Advisor Information (Faculty)**

Name \_\_\_\_\_

Phone and e-mail \_\_\_\_\_

**Student's Learning Goals** (what does the student want to learn from the experience)

**Goal 1:** \_\_\_\_\_

\_\_\_\_\_

**Strategy:** (how student will accomplish goal) \_\_\_\_\_

\_\_\_\_\_

**Goal 2:** \_\_\_\_\_

\_\_\_\_\_

**Strategy:** \_\_\_\_\_

\_\_\_\_\_

**Evaluation Methods**(Journal entries, final paper or presentation – decided by Faculty Internship Advisor)

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

**Intern signature** \_\_\_\_\_ **date** \_\_\_\_\_

**Internship Advisor signature** \_\_\_\_\_ **date** \_\_\_\_\_

**Division Chair signature** \_\_\_\_\_ **date** \_\_\_\_\_

**Dean's signature** \_\_\_\_\_ **date** \_\_\_\_\_

**Student Internship Agreement (Form 2)**  
*(must be submitted to Registrar's Office as a prerequisite for enrollment)*

*This is a release, so please read carefully:*

I, \_\_\_\_\_, ID# \_\_\_\_\_ am a degree-seeking student at Central Methodist University and  
(Student Name)  
plan to undertake an internship during \_\_\_\_\_ at the \_\_\_\_\_.  
(term/year) (Internship Site/Location)

Central Methodist University (hereinafter "University") does not control the way in which the internship work experience and the internship site is structured or operates. In granting academic credit for this internship, the University affirms that, to the best of its judgment, the experience is an appropriate curricular option for students and worthy of University credit but makes no other assurances, expressed or implied, about any travel and living arrangements the student arranges. The University does not knowingly approve internship opportunities which pose undue risks to their participants. However, any internship or travel carries with it potential hazards which are beyond the control of the University and its agents or employees.

**Insurance Coverage**

I have sufficient health, accident, disability and hospitalization insurance to cover me during my internship; I further understand that I am responsible for the costs of such insurance and for the expenses not covered by this insurance, and I recognize that the University does not have an obligation to provide me with such insurance.

I assume full responsibility for any undisclosed physical or emotional problems that might impair my ability to complete the experience, and I release the University from any liability for injury to myself or damage to or loss of my possessions.

I understand that if I use my personal vehicle for the benefit of the organization with whom I perform my internship, the University has no liability for personal injury or property damage that may result from that use. I agree to rely solely on my personal vehicle insurance coverage and on any insurance coverage provided by my internship agency.

I understand that I will not be entitled to unemployment compensation upon completion of my internship. Further, I understand that the University assumes no liability for personal injury which I may suffer in the course of my internship and agree to be responsible for establishing whether my internship agency provides workers compensation coverage for me.

**Personal Conduct**

I understand that the responsibilities and circumstances of an off-campus internship may require a standard of professional decorum. Therefore, I indicate my willingness to understand and conform to the professional standards of the internship site as well as to the core values of the University and to conduct myself accordingly. I further understand that it is important to the success of the present internship and the continuance of future internships that interns observe standards of conduct that would not compromise the University in the eyes of individuals and organizations with which it has dealings. I agree that should the supervising faculty member decide that I must terminate my internship because of conduct that might bring the program into disrepute, or the internship into jeopardy, that decision will be final and may result in the loss of academic credit.

**General Release**

I understand that Central Methodist University reserves the right to make cancellations, changes or substitutions in cases of emergency or changed conditions. I understand that the supervising faculty member may take any actions he/she believes to be warranted under the circumstances to protect my health and safety, including termination of the internship experience.

It is further expressly agreed that the internship site and its use of any and all facilities shall be undertaken by me at my sole risk and that the University shall not be liable for any and all claims, demands, injuries, damages, actions, or causes of action, whatsoever to me or to my property arising out of or connected with the internship and with the use of any and all services, or facilities associated with the internship, whether or not sponsored by the University. I release, discharge and covenant not to sue Central Methodist University, its governing board, employees or agents as to any and all liability that may arise out of injury or harm to me, death, or property damage, resulting from my participation in this internship. Furthermore, I understand as an intern with an organization, I am not considered an employee of the University.

**Student Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Internship Memorandum of Understanding (Form 3)**  
*(must be submitted to Registrar's Office as a prerequisite for enrollment)*

**1. Purpose:** Central Methodist University provides an educational strategy whereby students complement their academic preparation with direct practical experience. The effort to combine a productive work experience with an intentional learning component is a proven method for promoting the academic, personal, and career development of students. Participation with Central Methodist University internship exhibits your interest and commitment to this educational strategy and to the growth and development of students as future professionals. We look forward to collaborating with you in this working/learning endeavor.

**2. Responsibilities:** To help insure the interests and promote the benefits of an internship arrangement for all parties involved, Central Methodist University has developed this memorandum of understanding to describe the mutual responsibilities between and among Central Methodist University, the employer, \_\_\_\_\_, (hereinafter "Agency") and the student.

**The student agrees to:**

1. Remain enrolled at Central Methodist University and in the internship for its duration;
2. Fulfill all tasks assigned by the Agency to the best of his/her ability;
3. Adhere to academic program requirements in order to earn University credit for participation in the internship;
4. Adhere to all agency policies and standards regarding interns;
5. Immediately inform appropriate University staff of any problems or changes in job responsibilities.

**Central Methodist University agrees to:**

1. Encourage the student's productive contribution to the overall mission of the Agency;
2. Certify the student's academic eligibility to participate in an internship assignment;
3. Establish guidelines and standards for the conduct of internships and share these with the Agency;
4. Appoint a faculty member to serve as a Sponsor to the student with responsibilities to assist in developing goals and objectives to monitor the progress of the intern, and to evaluate the academic performance of the student;
5. Maintain communication with the Agency and clarify the policies and procedures regarding internships;
6. Provide professional liability insurance as reasonably required for each participating student, faculty and staff.

**The Agency agrees to:**

1. Encourage and support the learning aspect of the student's internship assignment;
2. Designate one employee to serve as a Site Supervisor for the intern. Responsibilities include orientation of the student to the Agency and its culture, assisting with the intern's goals and objectives, meeting regularly with the student and monitoring his/her progress;
3. Provide adequate supervision for the student and assign duties that are career-related, progressive and challenging;
4. Provide safe working facilities and environment;
5. Not displace regular workers with students secured through internship referral;
6. Notify appropriate University staff of any changes in the student's work status, schedule, or performance;
7. Allow University staff and/or faculty representative(s) to conduct at least one visit to the work site to confer with the student and his/her supervisor;
8. Provide written evaluations of the student's performance during the internship;
9. Communicate Agency policies and standards regarding interns to appropriate University staff and/or faculty;
10. Assume liability for work-related injuries sustained by the intern, insofar as is required by law in that state;

**3. Terms of the Internship Arrangement:** An internship arrangement for each student will be one academic semester, summer session, or a period agreed upon by the Agency and Central Methodist University. In the event that the Agency is dissatisfied with the performance of a student, termination of the internship arrangement can be requested by the Agency, but only after appropriate University personnel have been notified in advance and a satisfactory resolution cannot be obtained. Conversely, the University may request termination of the internship arrangement for any student not complying with University guidelines and procedures for the internships, as long as Agency personnel have been notified in advance and satisfactory resolution cannot be obtained.

**4. Duration of Agreement:** This memorandum of understanding shall continue in effect from \_\_\_\_\_ to \_\_\_\_\_.

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

Agency Representative: \_\_\_\_\_ Date: \_\_\_\_\_

University Representative: \_\_\_\_\_ Date: \_\_\_\_\_

**Mid-Internship Self-Evaluation (Form 4)**  
*(OPTIONAL—at the discretion of the Faculty Internship Advisor)*

**Intern's Name** \_\_\_\_\_ **Faculty Sponsor** \_\_\_\_\_

**Site Supervisor's Name** \_\_\_\_\_ **Period Covered** \_\_\_\_\_

**Employer** \_\_\_\_\_ **Major** \_\_\_\_\_

Please review your progress to date by placing the appropriate number in the corresponding category below. Please evaluate yourself in comparison to other interns or entry level employees. If desired, make additional comments on separate sheet.

5 excellent   4 above average   3 satisfactory   2 improvement needed   1 unsatisfactory   NA not applicable

| <b>Evaluation</b>                             | <b>Rating</b> | <b>Comments/Examples</b> |
|---|---------------|--------------------------|
| Quality of work                               |               |                          |
| Quantity of work                              |               |                          |
| Oral expression                               |               |                          |
| Written expression                            |               |                          |
| Problem-solving ability                       |               |                          |
| Academic preparation                          |               |                          |
| Ability to use resources                      |               |                          |
| Completion of assignments                     |               |                          |
| Acceptance of responsibility                  |               |                          |
| Acceptance of constructive comments           |               |                          |
| Ability to take direction                     |               |                          |
| Relationships with others                     |               |                          |
| Work attitudes (i.e., initiative, enthusiasm) |               |                          |
| Progress toward learning goals                |               |                          |
| <b>Overall Rating</b>                         |               |                          |

What are your strengths?

Areas needing improvement:

Suggestions for the remainder of the semester:

**Student Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Mid-Internship Intern Evaluation (Form 5)**  
*(OPTIONAL—at the discretion of the Faculty Internship Advisor)*

**Intern's Name** \_\_\_\_\_ **Internship Advisor** \_\_\_\_\_

**Site Supervisor's Name** \_\_\_\_\_ **Period Covered** \_\_\_\_\_

**Employer** \_\_\_\_\_ **Due Date** \_\_\_\_\_

Please review the above intern's progress to date by placing the appropriate number in the corresponding category below. Please evaluate in comparison to other student employees/interns. If desired, make additional comments on separate sheet.

**5** excellent   **4** above average   **3** satisfactory   **2** improvement needed   **1** unsatisfactory   **NA** not applicable

| <b>Evaluation</b>                             | <b>Rating</b> | <b>Comments/Examples</b> |
|---|---------------|--------------------------|
| Quality of work                               |               |                          |
| Quantity of work                              |               |                          |
| Oral expression                               |               |                          |
| Written expression                            |               |                          |
| Problem-solving ability                       |               |                          |
| Academic preparation                          |               |                          |
| Ability to use resources                      |               |                          |
| Completion of assignments                     |               |                          |
| Acceptance of responsibility                  |               |                          |
| Acceptance of constructive comments           |               |                          |
| Ability to take direction                     |               |                          |
| Relationships with others                     |               |                          |
| Work attitudes (i.e., initiative, enthusiasm) |               |                          |
| Progress toward learning goals                |               |                          |
| <b>Overall Rating</b>                         |               |                          |

What are the intern's strengths?

Areas needing improvement:

Suggestions for the remainder of the semester:

**Site Supervisor's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Final Internship Self Evaluation (Form 6)**

*(must be submitted to Faculty Internship Advisor at conclusion of internship)*

Intern's Name \_\_\_\_\_ Faculty Sponsor \_\_\_\_\_  
 Site Supervisor's Name \_\_\_\_\_ Period Covered \_\_\_\_\_  
 Employer \_\_\_\_\_ Major \_\_\_\_\_

Please review your progress to date by placing the appropriate number in the corresponding category below. Please evaluate yourself in comparison to other interns or entry level employees. If desired, make additional comments on separate sheet.

5 excellent   4 above average   3 satisfactory   2 improvement needed   1 unsatisfactory   NA not applicable

| Evaluation                                    | Rating | Comments/Examples |
|---|--------|-------------------|
| Quality of work                               |        |                   |
| Quantity of work                              |        |                   |
| Oral expression                               |        |                   |
| Written expression                            |        |                   |
| Problem-solving ability                       |        |                   |
| Academic preparation                          |        |                   |
| Ability to use resources                      |        |                   |
| Completion of assignments                     |        |                   |
| Acceptance of responsibility                  |        |                   |
| Acceptance of constructive comments           |        |                   |
| Ability to take direction                     |        |                   |
| Relationships with others                     |        |                   |
| Work attitudes (i.e., initiative, enthusiasm) |        |                   |
| Progress toward learning goals                |        |                   |
| <b>Overall Rating</b>                         |        |                   |

Describe work performed:

Special abilities you demonstrated for this field:

Will you be returning?    Yes    No   If YES, in what capacity?

**Student Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_



**Final Intern Evaluation(Form 7)**

*(must be submitted to Faculty Internship Advisor at conclusion of internship)*

**Intern's Name** \_\_\_\_\_ **Internship Advisor** \_\_\_\_\_

**Site Supervisor's Name** \_\_\_\_\_ **Period Covered** \_\_\_\_\_

**Employer** \_\_\_\_\_ **Due Date** \_\_\_\_\_

Please review the above intern's progress to date by placing the appropriate number in the corresponding category below. Please evaluate in comparison to other student employees/interns. If desired, make additional comments on separate sheet.

5 excellent    4 above average    3 satisfactory    2 improvement needed    1 unsatisfactory    NA not applicable

| Evaluation                                    | Rating | Comments/Examples |
|---|--------|-------------------|
| Quality of work                               |        |                   |
| Quantity of work                              |        |                   |
| Oral expression                               |        |                   |
| Written expression                            |        |                   |
| Problem-solving ability                       |        |                   |
| Academic preparation                          |        |                   |
| Ability to use resources                      |        |                   |
| Completion of assignments                     |        |                   |
| Acceptance of responsibility                  |        |                   |
| Acceptance of constructive comments           |        |                   |
| Ability to take direction                     |        |                   |
| Relationships with others                     |        |                   |
| Work attitudes (i.e., initiative, enthusiasm) |        |                   |
| Progress toward learning goals                |        |                   |
| <b>Overall Rating</b>                         |        |                   |

**Describe work performed:**

**Will the student be returning?** \_\_\_ Yes \_\_\_ No If YES, what additional responsibilities will the student be assuming?

**Site Supervisor's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_