# Table of Contents

S-1  Definition of Academic Internship
S-2  Roles and Responsibilities for Academic Internships
S-3  Internship Timeline
S-4  Liability Insurance Coverage
S-5  Internship Registration Form
S-6  Internship Release and Student Agreement Form
S-7  Educational Plan and Learning Agreement
S-8  Student’s Preliminary Evaluation of Internship
S-9  Mid-Semester Student Evaluation of Internship
S-10 Final Evaluation – Student’s Evaluation of Internship
University College

DEFINITION OF AN ACADEMIC INTERNSHIP

A University College academic internship combines an on-site supervised work experience with a structured academic learning plan for which a student earns academic credit. The student’s substantive work and responsibilities within the work organization creates a professional experience that supports academic and career goals. The faculty internship instructor and work-site supervisor collaborate to promote the student’s critical thinking, observation and reflection that foster intellectual, personal and professional growth.

The work-site organization determines if monetary compensation is available for the internship. The length of the internship varies depending upon academic and work-site minimum requirements. Assuming a 15-week semester, one credit hour requires 3 to 4 hours per week of work-site activity and one hour of academic work such as journal writing, related research, or special projects. An internship is a work-based learning experience in a for-profit or non-profit setting. Some academic programs require an internship, while others offer students the option of scheduling an elective internship.

An internship offers a student the opportunity to apply academic knowledge in world-of-work situations, to explore a career choice, and to begin to establish a network of professional contacts. The pre-internship preparation course that is required by the major must be completed prior to registering for any internship credits.

For more information on careers and definitions of other experiential learning opportunities visit the following websites:

http://www.sa.psu.edu/career/intern.html
http://www.sa.psu.edu/career/
http://www.nsee.org/
ROLES AND RESPONSIBILITIES FOR ACADEMIC INTERNSHIPS

Successful delivery of an academic internship occurs when an effective partnership is established among the key constituents: student, faculty internship instructor, work-site supervisor, Director of Academic Affairs (DAA), College Program Head (CPH), Career Services professional, and academic advisor. The roles that each one plays in the academic internship experience follow:

STUDENT:

- Register for the pre-internship course during the semester preceding the planned registration for the academic internship in compliance with course prerequisites.
- With the assistance of the faculty internship instructor, the academic adviser, and the Career Services professional, investigate, identify and secure an internship experience that best meets educational and personal goals while adhering to University College guidelines, major prerequisites, and program requirements.
- Determine learning opportunities and educational objectives available through the internship and formulate your action plan with the assistance of the faculty internship instructor.
- Obtain liability insurance if required.
- Adhere to professional and ethical standards as approved and required by the work-site and professional association.

FACULTY INTERNSHIP INSTRUCTOR:

- Ensure that there is sufficient academic activity to merit the awarding of credit.
- Determine the appropriateness of a specific internship experience in the context of the student's academic major and career goals.
- Give final approval for internship.
- Track student progress throughout the semester.
- Teach pre-internship course as required by curriculum if possible.
- Assist student in the identification of internship opportunities, although ultimate responsibility for locating a site resides with the individual student.
- Maintain records of internship opportunities to enable front-end exploration by the student.
- Collaborate with Career Services professional in an effort to have on hand educational resources that might be helpful the student engaged in the internship experience.
- Schedule a personal or electronic contact with work-site supervisor to establish a working relationship that will benefit the student.
- Ensure that prerequisites are satisfied by the student prior to scheduling the internship course.
- Collaborate with Career Services professional and University College Program Head throughout the duration of the internship experience.
- Build strong work-site relationships.
- Coordinate necessary paperwork throughout the internship period including preparation of learning agreements and completion of preliminary, mid-semester and final evaluations.
- After consultation with work-site supervisor, determine grading rubric.
- Evaluate student performance, assign grade, and post it.
WORK-SITE SUPERVISOR/COMPANY OR AGENCY:

- Provide a professional environment conducive to student learning.
- Set goals for internship experience as supported by organizational leadership.
- Collaborate with faculty internship instructor to establish specific learning objectives; identify outcomes or expected products.
- Participate in the selection of student interns.
- Help student build professional work-site relationships.
- Supervise the student throughout the internship experience at the work-site.
- Offer an orientation program and supply necessary resources to support student success.
- Provide supervision, guidance, and feedback.
- Report immediately to the faculty internship instructor any student problem that develops.
- Work directly with the faculty internship instructor to evaluate the student performance, possibly three times: preliminarily during the first few weeks, at a mid-point in the internship experience, and at the end of the experience.
- Sign *University Internship Affiliation Agreements* as appropriate.

DIRECTOR OF ACADEMIC AFFAIRS (DAA) AND COLLEGE PROGRAM HEAD (CPH):

- Keep abreast of the faculty internship instructor’s involvement with internships.
- Assist student in the identification of internship opportunities, although ultimate responsibility for locating a site resides with the individual student.
- Provide support for faculty internship instructor and assist with the management of the internship process.
- Enable appropriate scheduling of internship preparation course.
- Administer *University Affiliation Agreement* in accordance with University policy.

CAREER SERVICES PROFESSIONAL:

- Assist student in the identification of internship opportunities, although ultimate responsibility for locating a site resides with the individual student.
- On a limited basis and at the invitation of the faculty internship instructor, serve as a guest speaker in class on topics related to the internship search process.
- Educate student on the internship search process including researching potential sites and developing cover letters, resumes and interview skills.
- Promote job and career information fairs to students.

ACADEMIC ADVISOR:

- Continue to maintain contact with student advisee.
- Informally assist student advisee in identification of internship opportunities and procedures.
- Informally keep abreast of student advisee’s internship progress.
- Prior to having the student advisee submit the *Student Internship Application Form*, check to be sure that all course prerequisites have been satisfied.
Penn State: ________________________________
______________________________
______________________________

Student Packet
Internship Timeline

All forms must be completed and returned to the faculty internship instructor (______________________________) by the dates indicated below.

Required Forms

☐ 1. Internship Registration Form
☐ 2. Internship Release & Student Agreement Form
☐ 3. Educational Plan & Learning Agreement
☐ 4. Proof of Professional Liability Insurance
   (When appropriate—Applied Psychology, Human Development and Family Studies, Occupational Therapy, and Physical Therapy)
☐ 5. Preliminary Evaluation of Internship
☐ 6. Mid-Semester Evaluation
☐ 7. Final Evaluation

Due Date

Prior to registration.
Prior to registration.
Prior to registration.
Prior to registration.
End of second week of the internship.
Mid-semester of the internship.
Within one week of the conclusion of the internship.

Please contact the faculty internship instructor with any questions.

Telephone: ________________
Fax: ________________
E-Mail: ________________
**Liability Insurance Coverage:**

Professional liability insurance coverage is required, prior to commencing an internship, for all students enrolled in Applied Psychology (APSCC), Health and Human Development (HFSCC), Nursing (NURS), Occupational Therapy associate and baccalaureate programs (2OTCC and OTCC), and Physical Therapy (2PTA). Students are responsible for obtaining this coverage.

While the University does not endorse particular insurance carriers, students are encouraged to meet with faculty internship instructors for a list of potential companies or organizations.
Internship Registration Form

This form must be completed (front and back), signed, and returned to the faculty internship instructor prior to registering for internship credit.

Semester ___________________________ Year ___________________________

STUDENT

Intern Name: ___________________________ Course No.: ___________________________ No. Credits ______
(Please Print)

Internship Title: ___________________________ E-mail: ___________________________

Emergency Contact Person: ___________________________ Telephone: ___________________________

WORK-SITE SUPERVISOR

Organization: ___________________________ Address: ___________________________

Supplier: ___________________________ Title: ___________________________

Telephone: ___________________________ E-mail: ___________________________

FACULTY INTERNSHIP INSTRUCTOR

Faculty Instructor: ___________________________ E-Mail: ___________________________

Division/Program: ___________________________ Telephone: ___________________________

Penn State University College
Position Description: Please attach a description of internship responsibilities, projects, etc.

A. As deemed capable, I will assume additional responsibilities. I will not, however, routinely perform duties generally considered below the paraprofessional level.

B. I will work a total of _____ hours on site over ______ weeks (one [1] credit per 40 internship hours).

C. I intend to work, not to work, (circle one) over holidays or semester breaks during my internship.

I have reviewed the attached internship description and the conditions stated above. I understand that, together, they constitute acceptable terms for the experiential component of the internship authorized by Penn State University College. To receive academic credit for an internship, an “Educational Plan & Learning Agreement” will be completed and filed by me with my faculty sponsor for the internship prior to commencing the internship.

Student ___________________ Student Signature _______________ Date __________

Work-Site Supervisor _______________ Work-Site Supervisor Signature __________ Date __________

Faculty Internship Supervisor _______________ Faculty Internship Supervisor Signature __________ Date __________

Please return original to:

__________________________________________________________________________
__________________________________________________________________________

Phone: ___________ E-mail: ___________

For use by the faculty internship instructor:

Student

Registration Form
Internship Release & Student Agreement Form

Preliminary Evaluation
Mid-Point Evaluation
Final Evaluation

Work-Site Supervisor

Preliminary Evaluation
Mid-Point Evaluation
Final Evaluation

Educational Plan and Learning Agreement

Professional Liability Insurance (if needed)

Criminal Background and Child Abuse Registry checks (if needed)

Penn State University College
Penn State: ____________________________
_____________________________________
_____________________________________

Internship Release and
Student Agreement Forms

Internship Release

<table>
<thead>
<tr>
<th>Student's Name:</th>
<th>________________________________</th>
</tr>
</thead>
<tbody>
<tr>
<td>Student I.D.</td>
<td>________________________________</td>
</tr>
<tr>
<td>Course:</td>
<td>____________________ No. Credits</td>
</tr>
<tr>
<td>Internship Site:</td>
<td>________________________________</td>
</tr>
<tr>
<td>Dates of Internship:</td>
<td>________________________________</td>
</tr>
</tbody>
</table>

1. During the dates shown, I will be performing my student internship for the course listed above.

2. I will be performing this internship to gain experience in a field related to my academic and career goals. If this is an unpaid internship, I understand that no employer-employee relationship will exist between the supervising organization and me.

3. I will be performing this internship voluntarily and upon my own initiative, risk, and responsibility.

Dated this the ____________________ day of ____________ 200__.

_____________________________________________________
Student's Signature

Please return to the faculty internship coordinator prior to beginning the internship.

Penn State University College
The University College academic internship program is an academic program offered by Penn State. As such, I agree to abide by the standards established by The College and agree to comply with the following student obligations:

1. I will meet with my academic advisor to discuss an internship experience that best suits my academic and personal needs. It is my responsibility to ensure that the internship course and number of credits for which I enroll fit appropriately with my degree program and my graduation plans.

2. I will conduct myself in a professional manner in all correspondence with prospective host sites and with Penn State faculty and staff with whom I consult regarding the internship.

3. I agree to carefully consider all offers before accepting an internship position. Once I have accepted an offer, I am obliged to honor my acceptance.

4. I will inform the Academic Internship Office of my current address and phone number while participating in the internship.

5. I will maintain an active email account while at my internship. I will inform the Academic Internship Office of this address and will check my email at least once every other day.

6. If I am an international student, I will meet/talk with a representative of the International Student Office to discuss employment/educational requirements.

7. If I plan to graduate the semester I am interning, I must turn in all required assignments by the deadline(s) established in the Educational Plan and Learning Agreement. Failure to meet this obligation will result in failure to graduate on time.

I UNDERSTAND THAT FAILURE TO MEET THESE GUIDELINES MAY RESULT IN PROGRAM EXPULSION OR AN ACADEMIC HOLD BEING PLACED ON MY PENN STATE RECORD.

Name: ___________________________________________ Date: _____________________________

Signature: _______________________________________

Please return to the faculty internship coordinator prior to beginning the internship.

Penn State University College
Penn State: ______________________
______________________________
______________________________

Educational Plan & Learning Agreement

Semester & Year: ______________________
Course Number: ______________________
Number of Credits: ______________________

Student: ______________________
Address During Internship: ______________________
Phone: ____________ E-mail: ____________

Internship Title: ______________________
Start Date: ______________________

Work-Site: ______________________
Address: ______________________
Phone: ____________ E-mail: ____________

Components:
1. Suggested Bibliography
2. Academic Objectives & Learning Methods
3. Methods of Evaluation and Timeline
4. Signatures

Work-Site Supervisor: ______________________
Supervisor’s Title: ______________________
Phone: ____________ E-mail: ____________

Faculty Internship Instructor: ______________________
PSU Division/Program: ______________________
Phone: ____________ E-mail: ____________

NOTE: This Agreement must be completed and signed by all parties (student, faculty internship instructor, work-site supervisor), and returned to the faculty internship instructor prior to commencing the internship.
1. **Suggested Bibliography of Related Readings:** Consult with your faculty internship instructor and with your work-site supervisor. Attach a separate sheet, if necessary. (BA 495A students: Attach appropriate BA 420 documents.)

<table>
<thead>
<tr>
<th>Academic Objectives</th>
<th>Learning Methods</th>
</tr>
</thead>
<tbody>
<tr>
<td>(What I hope to learn.)</td>
<td>(How will I learn this?)</td>
</tr>
</tbody>
</table>

A.

B.

C.

D.

E.

Please continue on the reverse side.

Penn State University College
3. **Methods of Academic Evaluation & Timeline for Completion of Assignments**

<table>
<thead>
<tr>
<th>Evaluation Tool/ Assignment</th>
<th>Due Date/ Frequency of Submission</th>
</tr>
</thead>
<tbody>
<tr>
<td>(e.g., journal entries, draft and/or final papers, portfolio, public presentation)</td>
<td>(e.g., weekly, bi-weekly, mid-term)</td>
</tr>
<tr>
<td>A.</td>
<td></td>
</tr>
<tr>
<td>B.</td>
<td></td>
</tr>
<tr>
<td>C.</td>
<td></td>
</tr>
<tr>
<td>D.</td>
<td></td>
</tr>
<tr>
<td>E.</td>
<td></td>
</tr>
</tbody>
</table>

**NOTE:** If circumstances should prevent the completion of any of the commitments stated above, I understand that the parties signing this agreement must be consulted and give their approval prior to any other action. If I default on any part of this agreement, I understand that I may receive a devalued grade for the internship experience.

I also understand that under no circumstances will I be permitted to receive an increase or decrease in the number of credits for which I have contracted. It is further understood that my faculty internship instructor has the option to revise due dates and that I should confirm these dates with him or her to avoid the possibility of conflict later. I understand that the final grade for my internship is given by the faculty internship instructor with the advice of the work-site supervisor. The work-site supervisor is expected to complete several evaluations of my performance.

Student Signature: ___________________________ Date: ______________________

I have developed the above Educational Plan & Learning Agreement in consultation with the student. I agree to work with the student to facilitate the success of the internship and to objectively evaluate and grant credit as stated above for completed assignments.

Faculty Internship Instructor Signature: ___________________________ Date: ______________________

I have reviewed the above Educational Plan & Learning Agreement. I agree to assist the student to achieve his or her educational objective as stated above.

Work-Site Supervisor Signature: ___________________________ Date: ______________________
Student’s Evaluation of Internship

Preliminary Evaluation

NOTE: It is your responsibility to notify your faculty internship instructor regarding any aspect of your experience you believe warrants immediate action.

Student Name: ________________________________

Student ID Number: ____________________________

Course Number: ________________________________

Internship Site: ________________________________

Work-Site Supervisor: ____________________________

1. My internship (circle one) is is not working well.

2. In the space below, please comment on the quality of your internship to date:

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

Student Signature: ____________________________ Date: ______________

This form must be completed and returned to the faculty internship instructor by the end of the second week of the internship to:

________________________________________________________________________

________________________________________________________________________

Phone: ______________ E-mail: ____________
Student Evaluation of Internship

Mid-Semester Evaluation

NOTE: It is your responsibility to notify your faculty sponsor regarding any aspect of your experience you believe warrants immediate action.

---

Student Name: ____________________________

Student ID Number: _________________________

Course Number: ____________  No. Credits: ____________

Circle One: Fall  Spring  Summer  Year: ________________

Internship Organization: _________________________

Internship Location: ____________________________

---

1. With what aspects of your internship are you most satisfied? (Please continue on the reverse.)

2. With what aspects of your internship are you least satisfied? (Please continue on the reverse.)

3. What additional assistance or information from the site supervisor and/or faculty sponsor would help you learn or achieve more in your internship? (Please continue on the reverse.)

Student Signature: __________________________ Date: ______________

---

This form must be completed and returned to the faculty internship instructor at the mid-semester of your internship to:

________________________
________________________
________________________

Phone: ___________________ E-mail: ____________

---

Penn State University College
Student’s Evaluation of Internship

Final Evaluation

**Student Name:** ________________________________
**Student ID Number:** ____________________________

**Circle One:** Fall  Spring  Summer  Year: ____________________________

**Internship Organization:** ____________________________

**Work-Site Supervisor:** ____________________________

**Title/ Position:** ____________________________

**Location (City, State):** ____________________________

Instructions: The purpose of this form is to provide opportunity for an honest appraisal of the internship site, your works-site supervisor, and their contributions to your educational program. Please respond honestly and objectively to the following statements and questions.

1. Please rate your internship experience using the numerical scale below.

<table>
<thead>
<tr>
<th>Scale</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>5</td>
<td>Exceptional</td>
</tr>
<tr>
<td>4</td>
<td>Commendable</td>
</tr>
<tr>
<td>3</td>
<td>Fair</td>
</tr>
<tr>
<td>2</td>
<td>Uncomplimentary</td>
</tr>
<tr>
<td>1</td>
<td>Unsatisfactory</td>
</tr>
<tr>
<td></td>
<td>Consistently exceeded expectations</td>
</tr>
<tr>
<td></td>
<td>Sometimes exceeded expectations</td>
</tr>
<tr>
<td></td>
<td>Met expectations</td>
</tr>
<tr>
<td></td>
<td>Rarely met expectations</td>
</tr>
<tr>
<td></td>
<td>Did not meet expectations</td>
</tr>
</tbody>
</table>

**A. Internship Organization**

1. Maintained an organizational culture that fostered learning  
2. Maintained a friendly and cooperative work environment  
3. Established and communicated clear goals and expectations

**B. My Internship Supervisor**

1. Provided levels of responsibility consistent with my ability  
2. Provided challenging work assignments  
3. Offered regular, constructive feedback on my performance and progress  
4. Attempted to make my internship an educational meaningful experience

**C. My Internship** provided ample opportunity to

1. Use knowledges/skills gained through my academic program  
2. Develop my human relations  
3. Develop my communication skills  
4. Develop my creativity  
5. Develop my critical thinking/problem-solving skills  
6. Demonstrative initiative

**D. Overall,**

1. I would rate the quality of my internship as . . .

---

Penn State University College
2. Please answer the following questions.

A. Would you work for this supervisor again?  _____ Yes  _____ No  _____ Uncertain

B. Would you work for this organization again?  _____ Yes  _____ No  _____ Uncertain

C. Would you recommend this organization to other students?  _____ Yes  _____ No  _____ Uncertain

3. Please use this space to explain or to elaborate upon any of your responses above.

Student Signature: _____________________________  Date: ___________________________

This form must be completed and returned to the faculty internship instructor within one week of the conclusion of the internship to:

______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________

Phone: ___________________________  E-Mail: _______________

Penn State University College