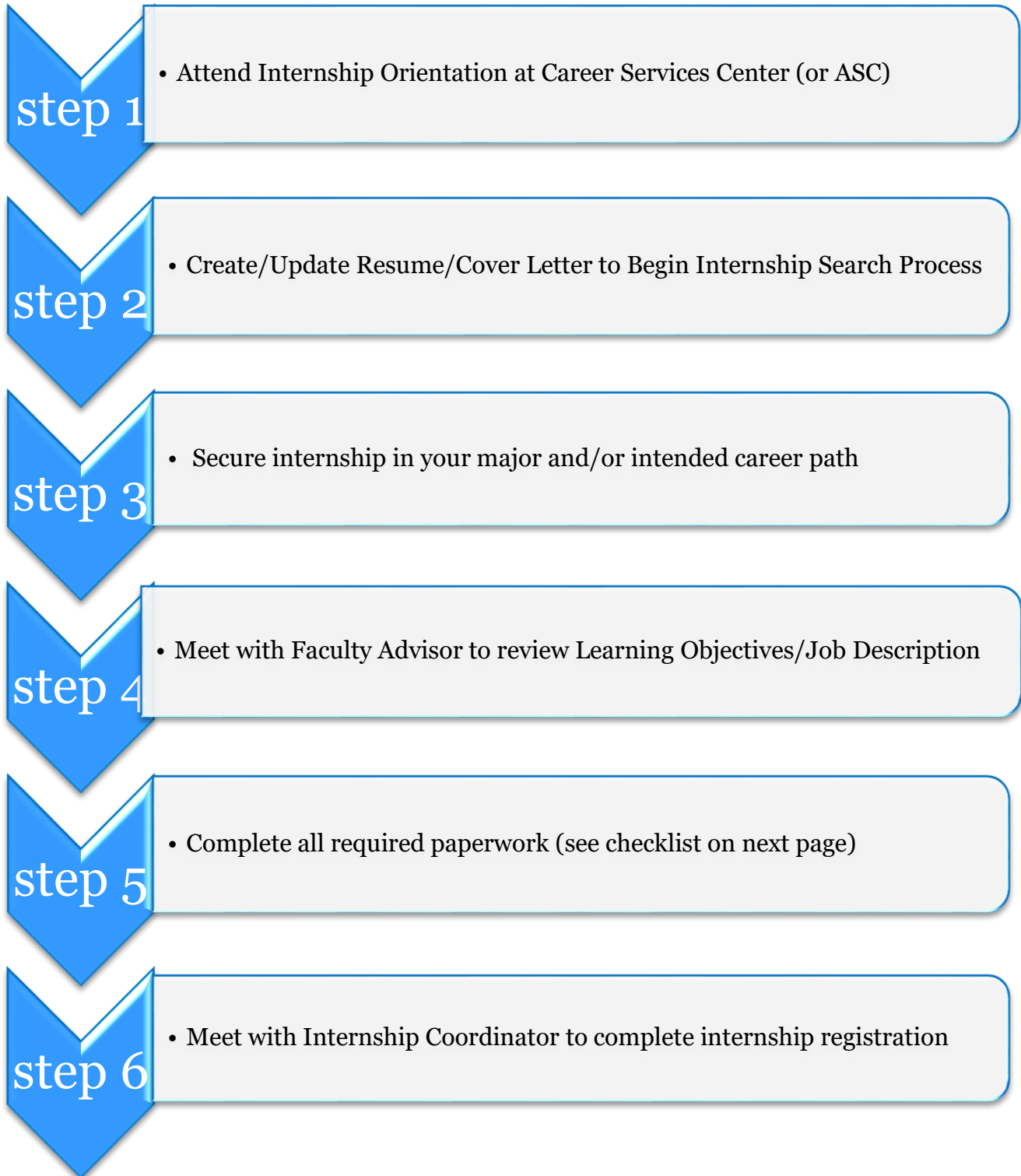


I'm Ready to Start!

The Step-by-Step Internship Proposal/Approval Process



Internship Proposal Checklist

After you have obtained your internship, but before beginning to work at your site, you must make an appointment with Bill Leamon in the Career Services Center or Franceska Jones in the Academic Support Center.

Be sure to complete and bring the following to your appointment:

___ Internship Agreement Form – Student/Site Information

___ Change of Schedule Form

___ Job Description

___ Learning Objectives Worksheet

___ Signatures

Make sure your Faculty Advisor and Internship Supervisor have reviewed your learning objectives and approved your internship

___ Current Resume

Registration Deadlines

Internship registration is done directly with the Internship Coordinators. Once registration is confirmed you will be notified by email and added to the “Internship Master 1” class in Moodle (www.moodle.ndc.edu).

The deadlines to register are as follows:

Fall 2018 internship is October 15, 2019

Spring 2018 internship is March 15, 2020

Summer 2018 internship is Friday, July 15, 2020

Notre Dame College
Internship Agreement Form – Student/Site Information

(Students, not Employers, are responsible for completing ALL internship forms)

Student Information

STUDENT NAME: _____ STUDENT ID: _____

NDC Email: _____@students.ndc.edu Phone: _____

Current Class Year (circle one): Fr / So / Jr / Sr Expected Graduation Date: _____

International Student? (circle one): Yes/No

(If yes, you must also get approval from Carl Nolan, the International Student Advisor)

Major(s):

Faculty Advisor: _____

Semester Registered (circle one): Fall / Spring / Summer

Number of Internship Credits Registered: _____

Course Number _____

Credit Hours	Hours at Work Site
1	45
2	90
3	135
4	180
5	225
6	270

Work Site Information

Projected Beginning and End Dates: _____

Number of Weeks: _____ Hours per Week: _____ Number of Weeks x Hours Per Week = _____

Organization/Company Name: _____

Address: _____

Organization/Company Website: _____

For-Profit or Non-Profit Organization: _____

Supervisor's Name: _____

Title: _____

Supervisor's Email: _____

Telephone: _____

Your Position Title: _____

Hourly Rate or Stipend (if applicable): _____

Final Project Due Date: _____

(2 weeks after your last day of work at your internship and/or by end of semester)

Developing Internship Learning Objectives

Step 1:

Select 3 Learning Objectives from the following that relate to your internship:

- 1. Communication:** Employers want people who are capable of listening, speaking and writing, accurately interpreting what others are saying and organize and express their thoughts clearly.
- 2. Interpersonal Effectiveness:** Employers usually note whether an employee can relate to co-workers and build relationships with others in the organization.
- 3. Professional Demeanor:** Dependability, integrity honesty, self-confidence and a positive attitude are prized qualities in any profession.
- 4. Teamwork/Collaboration:** In today's work environment, many jobs involve working in one or more groups and employers want someone who can bring out the best in others.
- 5. Analytical/Problem-Solving:** Employers want people who can use creativity, reasoning and past experiences to identify and solve problems effectively.
- 6. Project/Personal/Time Management:** The ability to plan and manage multiple assignments and tasks, set priorities and adapt to changing conditions and work assignments.
- 7. Computer/Technical Literacy:** Although employers expect to provide training on job-specific software, they also expect employees to be proficient with basic computer skills.
- 8. Leadership/Management:** The ability to take charge and manage your co-workers, if required, is a welcome trait employers seek in their employees

Step 2:

Based on your job description, along with a conversation with your Internship Supervisor, identify the specific job responsibilities and tasks you will be performing in your internship that will allow you to meet the specified Learning Objectives.

**Notre Dame College
Learning Objectives Worksheet**

Learning Objectives What will you learn (from prior page)?	Responsibilities Related to Learning Objectives What will you be doing that will allow you to learn (from job description)?
1.	
2.	
3.	

Notre Dame College Signatures

As the **STUDENT**, I agree to perform all assigned duties to the best of my ability, satisfactorily meet all requirements of the employer, complete all academic requirements in a timely manner, and abide by the rules, regulations and the policies of Notre Dame College's Internship Program. I understand that once approved, I will provide the Employer with a copy of my learning objectives from which I will be evaluated. I will promptly contact the Internship Coordinator with any questions.

Student Signature

Date

As the **FACULTY ADVISOR**, I have informed the student of the academic expectations required during his/her internship. I have reviewed and approve the employer, learning objectives, and job description set forth in this agreement by the student.

NDC Faculty Advisor Signature (or email confirmation)

Date

As the **EMPLOYER**, I will provide guidance, mentorship and supervision of the student, evaluate his/her performance in forms provided by the College at the end of the internship experience, and provide the same consideration of health, safety, and working conditions afforded to other employees. I also agree to contact the Internship Coordinator with any concerns or questions.

Internship Supervisor Signature (or email confirmation)

Date

Supervisor Name and Title (please print)

As the **INTERNSHIP COORDINATOR** I agree to maintain communication with the employer, the student, and the faculty advisor in an effort to answer questions, resolve potential problems, and otherwise endeavor to make the experience productive and rewarding for both the employer and student. I approve the work site, learning objectives, and job description.

NDC Internship Coordinator Signature

Date

Submit this form to the Internship Coordinator BEFORE you register for Internship hours and BEFORE your first day at your work site.

Notre Dame College
Request for Approval of Internship with Current Employer

**COMPLETE THIS FORM ONLY IF YOU ARE INTERNING WITH
YOUR CURRENT OR PRIOR EMPLOYER**

If your internship will be completed with your current or prior employer, there are certain additional requirements you must meet to receive approval to begin working:

- You cannot work in the same job position for the internship as you are currently working in with your current employer.
- You must provide a copy of your current/prior job description. This will need to be on your employer's company letterhead and signed by your current supervisor.
- You must also provide a job description for your proposed internship. This, too, must be on your employer's company letterhead, and signed by the supervisor that will be overseeing your internship.
- You must submit this completed form along with your Internship Agreement Form.

EMPLOYER POSITION VERIFICATION

_____ (Supervisor Name) hereby verify that
_____ (Student Name) will be performing the job
duties as described in the attached job description and is not the same job description of position
currently or previously held at our company/organization.

Student's Original Job Title

Student's Internship Job Title

Internship Supervisor Name

Internship Supervisor Signature

Date



CHANGE OF SCHEDULE FORM

Fall 20 ____ Spring 20 ____ Summer 20 ____ Online/WECO Session ____

Full name _____ Student ID# _____

Phone _____ Email _____@students.ndc.edu

Student athlete? (Select one) Yes No If yes, specify sport: _____

Do you receive VA benefits? (Select one) Yes No

If semester hours exceed 19, Overload Approval is required from the Office of Academic Affairs.

Total Max Hours Approved _____ OAA Signature _____

COURSE INFORMATION

Add	Drop	Dept	Number	Section	Course Title	Credits

Advisor Signature: _____

1. Students with financial aid dropping below full-time status **MUST** check with the Financial Aid Office to determine if dropping below full-time will have any effect on financial aid.
2. Student-Athletes **MUST** obtain signature approval from the Registrar of Athletic Eligibility if dropping a course(s).

Registrar Signature: _____

3. Veteran Beneficiaries **MUST** notify the certifying official of your change in schedule. Dropped courses may affect benefit level.

By signing this form, you have read and agreed to the policies above:

Student Signature

Date

For Office Use Only

Processed by: _____

Processed on: _____

Rev.10/2010