IT form 101

 **Application for Industrial Internship - IT 391**

 **1.** Name: .

 (Last) (First) (Middle) W” Number

 **2.** E-Mail: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **3.** Cell Phone No.: ( )\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**4.** Home Telephone No.: ( ) \_\_\_\_\_\_ **5.** Work Phone No.: ( \_ ) \_\_\_ \_\_\_\_\_\_\_\_\_.

 **6.** Address: .

 **7.** Degree: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **8.** Concentration: \_\_

 **9.** Company Name .

**10.** Company Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

**11.** Name and Title of

Immediate Supervisor: .

**12.** Supervisor’s E-Mail: **13.** Telephone: ( ) .

**14.** Proposed Dates of Employment: **Begin** **End** .

**15.** Employed: [ ] at least **20** hours per week for [ ] credit hours

**16.** Job Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ .

 Job Responsibilities: .

 .

 .

 .

Signature of Student: Date:

***DO NOT WRITE BELOW THIS LINE\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_***

Date Application Received by Department: \_\_\_\_\_\_\_\_\_

 [ ] Approved [ ] Not Approved

Faculty Signature Date

 [ ] Approved [ ] Not Approved

Department Head Signature Date

 [ ] Approved [ ] Not Approved

Dean Signature Date

IT form 102

**INDUSTRIAL INTERNSHIP EMPLOYER AGREEMENT**

**Student Name: W#:**

**Will be employed by:**

**The student will work hours per week for the semester**

**Beginning on and Ending on .**

**CONDITIONS OF AGREEMENT**

1. While in the process of gaining occupational experience, the student shall not be permitted to remain in any one operation, job, or phrase of each assignment beyond the period of time that is necessary for him/her to become proficient in that job.
2. The compensation for this student shall be $ per .
3. The employer must provide workers compensation coverage for the student intern.
4. The student must be employed 20 hours per week for three hours of credit during the fall and spring semesters, or for 40 hours per week for three hours of credit for the summer.
5. All employment transfers, withdrawals, or dismissals shall be made jointly by the University representative, student, and employer.
6. The student's immediate supervisor will submit to the University an Employers Evaluation of the Industrial Internship Student Form 103 and 107 one (1) week prior to the end of the semester
7. Students must submit the following completed forms and all other assignments as detailed
* Student’s Measurable Learning Objectives IT Form 103
* Time Report IT Form 104
* Daily Activity Log IT Form 105
* Student’s Evaluation of the Internship Employer IT Form106
* Employer’s Evaluation of the internship Student IT Form 107
* Two Narrative Reports
* One Executive Summary

**I have read the above agreement and agree in full to the conditions set forth.**

(Employer's Signature) (Date)

(Employer's Address) (City) (State)

(Student's Signature) (Date)

IT Form 103

**STUDENT’S MEASURABLE LEARNING OBJECTIVES**

The objectives must be specific to the student’s job and must clearly describe what the student plans to accomplish during the work experience. They must be reviewed by the student’s immediate supervisor, who may suggest changes or additions. The objectives must be submitted during the internship application process and any changes to them must be approved by the instructor of IT 391 during the first week of the semester.

At the end of the semester, the student’s supervisor must evaluate the extent to which the student accomplished each of the objectives by assigning a percentage figure from 0% to 100% in the column to the right of the objective.

**Note: Before submitting this form at the beginning of the semester, students must provide a copy to their immediate supervisor to complete at the conclusion of the semester.**

|  |  |
| --- | --- |
| I will accomplish the following objectives by the conclusion of the semester. | Supervisor’s Rating (%) |
| 1. |  |
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| 2. |  |
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 \_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_

Student’s Approval Signature Date Supervisor’s Signature upon Completion Date

Supervisor’s Approval Signature Date

IT 391 Instructor’s Approval Signature Date

**STUDENT’S TIME REPORT**  IT Form 104

The student must maintain an accurate account of the dates and the hours worked on the job. The data must be recorded by the student and verified by the supervisor. This information is necessary for Departmental records and will be kept strictly confidential.

|  |  |
| --- | --- |
| Student’s name: | Total **hours** for semester: |
| Employer: |  |
| Month  |
| Week of: | S | M | T | W | Th | F | S | Total Hours | Comments |
|  |  |  |  |  |  |  |  |  |  |
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|  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
| Monthly Totals: |  |  |  |  |  |  |  |  |  |
| Month  |
| Week of: | S | M | T | W | Th | F | S | Total Hours | Comments |
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| Monthly Totals: |  |  |  |  |  |  |  |  |  |
| Month  |
| Week of: | S | M | T | W | Th | F | S | Total Hours | Comments |
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| Monthly Totals: |  |  |  |  |  |  |  |  |  |
| Month  |
| Week of: | S | M | T | W | Th | F | S | Total Hours | Comments |
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| Monthly Totals: |  |  |  |  |  |  |  |  |  |

I certify that the above time report is a true statement of the hours worked.

Student’s Signature Date Employer Supervisor’s Signature

IT Form 105

**INDUSTRIAL INTERNSHIP**

**IT 391 DAILY ACTIVITY LOG**

**NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Monday \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** to **Friday \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

|  |  |  |  |
| --- | --- | --- | --- |
| **DATE** | **DESCRIPTION OF ACTIVITIES** | **Objective #** | **HRS** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  | *TOTAL HOURS*  |  |

***Note***: Before leaving your workplace, specify your daily activities as accurately as possible in one succinct paragraph. The cells will expand accordingly. After completing your entry for the days that you actually worked, delete the blank cells. If necessary, you may use multiple sheets for the week.

IT Form 106

**Student's Evaluation of Internship Employer**

Employer's Name:

Job Title \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Overall rating of employer:

 Excellent Good Fair Poor

2. Overall rating of work experience:

 Excellent Good Fair Poor

3. How much of your work experience was related to your studies in Occupational Safety Health & Environment?

 100% 75% 50% 25% 0%

4. Rating of learning as a result of your internship experience:

 Excellent Good Fair Poor

5. Would you repeat your work experience with the same employer? Yes No

 If not, explain why. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

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6. Would you recommend your employer to other internship students? Yes No

 If not, explain why. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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1. Based upon your work experience, what additional instructional content or revisions should be included within the Curriculum?

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

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1. Any additional comments?

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

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

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

Student's Name (print):

Student’s Signature: Date

IT Form 107

**Employer's Evaluation of the Industrial Internship Student**

Student's Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Job Title: \_\_\_\_ \_ Semester:

Employer: Date:

**INSTRUCTIONS:** The immediate supervisor will evaluate the student objectively, comparing him/her with other students of comparable academic level, with other personnel assigned the same or similarly classified jobs, or with individual standards.

**RELATIONS WITH OTHERS** **ATTITUDE -- APPLICATION TO WORK**

 **[ ]** Exceptionally well accepted **[ ]** Outstanding in enthusiasm

 **[ ]** Works well with others **[ ]** Very interested and industrious

 **[ ]** Gets along satisfactorily **[ ]** Average in diligence and interest

 **[ ]** Has some difficulty working with others **[ ]** Somewhat indifferent

 **[ ]** Works very poorly with others **[ ]** Definitely not interested

**JUDGMENT** **DEPENDABILITY**

 **[ ]** Exceptionally mature **[ ]** Completely dependable

 **[ ]** Above average in making decisions **[ ]** Above average in dependability

 **[ ]** Usually makes the right decision **[ ]** Usually dependable

 **[ ]** Often uses poor judgment **[ ]** Sometimes neglectful or careless

 **[ ]** Consistently uses bad judgment **[ ]** Unreliable

**ABILITY TO LEARN QUALITY OF WORK**

 **[ ]** Learns very quickly **[ ]** Excellent

 **[ ]** Learns readily **[ ]** Very good

 **[ ]** Average in learning **[ ]** Average

 **[ ]** Rather slow to learn **[ ]** Below average

 **[ ]** Very slow to learn **[ ]** Very poor

**ATTENDANCE:** Regular \_\_\_\_\_\_\_ Irregular \_\_\_\_\_\_\_

**PUNCTUALITY:** Regular \_\_\_\_\_\_\_ Irregular \_\_\_\_\_\_\_

**OVER-ALL PERFORMANCE**

**[ ]** Outstanding

**[ ]** Very Good

**[ ]** Average

**[ ]** Marginal

**[ ]** Unsatisfactory

**REMARKS:**

This report has been discussed with student: Yes No

Student’s Signature: Date:

Immediate Supervisor: Date:

Print Supervisors Name: \_