BE 493 INTERNSHIP APPLICATION FORM

STUDENT INFORMATION

The intern student agrees to the following:

1. Complete this form and obtain signatures of approval BEFORE registering for BE 493. Return the form to Ms. Dava Jondall (Shantz 425). This form is for departmental records and is used to assign a grade at the end of the semester.

2. Discuss with your prospective supervisor at the work site the possible risks and dangers associated with the planned internship. Then complete and sign the Internship Assumption of Risk Release Form (see page 7).

3. Discuss with your Faculty Mentor the requirements for the final report to be provided at the conclusion of the internship.

4. Complete all sections of this form, obtain all signatures needed, then submit for review to your Faculty Mentor, and upon approval, the completed form is given to the BE Professional Advisor, Ms. Dava Jondall.

5. Complete all academic assignments and reporting requirements of the internship as specified by the department.

6. Recognize that you are representing The University of Arizona as an ambassador to the community and abide by the Student Code of Conduct and Code of Academic Integrity.

7. Understand and follow the policies, procedures, rules, and regulations of the sponsoring organization.

8. Be prepared to perform your internship duties for the hours and duration specified. Talk with the supervisor about any University holidays or time-off requests.

9. Ensure that your internship supervisor (at the company) is able and willing to submit an evaluation on your behalf to your Faculty Mentor. Some organizations have personnel policies prohibiting your supervisor from providing a written intern evaluation. If this is the case, special arrangements must be made for your supervisor to speak directly with the course instructor about your performance.

10. Comply with the University's Student Code of Conduct and Code of Academic Integrity, as well as the standards of conduct for employees of the Sponsoring Organization. I waive and release all claims against the University that arise at a time when I am not under the direct supervision of the University or that are caused by my failure to remain under such supervision or to comply with such codes and academic standards.

11. Recognize that there are dangers and risks to which I may be exposed by participating in this internship.

12. Agree to assume all of the risks and responsibilities that are in any way associated with the internship.

13. Complete and submit the Student's Internship Evaluation Form (see page 6) to your Faculty Mentor at the conclusion of your internship.

14. I understand and agree that the University and its governing board, administrators, and employees (the “Releasees”) do not have medical personnel available at the Sponsoring Organization, which is the site location for my internship. I understand and agree that the Releasees are granted permission to authorize emergency medical treatment, if necessary, and that such action by the Releasees shall be subject to the terms of this Agreement. I understand and agree that the Releasees assume no responsibility for any injury, damage, or cost which might arise out of or in connection with such authorized emergency medical treatment.

15. I have consulted with a medical doctor with regard to my personal medical needs. There are no health-related reasons or problems that preclude or restrict my participation in this internship. I have arranged, through medical insurance or otherwise, to meet any and all needs for payment of medical costs while I participate in the internship.

16. I understand that neither the Releasees nor the Sponsoring Organization are obligated to provide transportation in connection with the internship. I understand that I am expected to carry my own automobile liability insurance coverage.

_______________________________________________________________  _____________________________________
Student Name  SID #

______________________________  _______________________________
Telephone Number  E-mail Address

__________________________________________   _______________________________
Emergency Contact Name  Relationship  Telephone Number
DEPARTMENT INFORMATION
The University and Board of Regents have set a standard for 45 hours of work for each unit of internship credit. The intern applicant has agreed to work _______ hours per week for _______ weeks. Therefore, the Department agrees to award _____ units of credit for BE 493, section _____ (Faculty Mentor’s section number) for the ___________________ semester.

The Faculty Mentor agrees to the following:

1. Select students who are in good academic standing.
2. Inform students of the necessity of complying with pertinent department and workplace policies and procedures.
3. Document communications with the student and the work supervisor regarding internship activities.
4. Notify the student that, unless other agreements are made between the student and instructor, the instructor and department will not be responsible for any financial obligations incurred by the student for his/her participation; this includes, but is not limited to, travel and housing arrangements.
5. Notify the student that they, the student, is responsible for their medical care or hold their own insurance. Students may file a claim against the State if they feel the University’s negligence caused their injury.
6. If the student’s internship involves doing research with human subjects (e.g., collecting data), make sure that Human Subjects training is provided as appropriate to the student’s assignment. [Check the Human Subjects Protection Program to determine if training is needed: http://www.irb.arizona.edu/faqs.html].
7. Agree with student intern the written report requirements including an essay.
8. Send to the internship supervisor of the sponsoring organization the Supervisor’s Internship Final Evaluation (see pages 7-8) for completion; specify the deadline for this form to be returned to you.

________________________________________   __________________
Faculty Mentor’s Signature                       Date

________________________________________________________
Student Signature                                   Date
SPONSOR INFORMATION

The Department requires student interns to have a supervised internship. The sponsor agrees to the following:

1. Identify an internship supervisor.
2. Complete **Sponsoring Organizational Agreement** (see page 4). This form states the organization’s understanding of the internship it intends to offer including the purpose, hours student is expected to work on internship, general job description and duties, and any organizational guidelines or requirements that the student intern needs to abide by.
3. Discuss with student intern any particular arrangements for any wages, stipends, or other benefit of service deemed appropriate.
4. Review pertinent policies and procedures to students prior to the beginning of the internship.
5. Provide relevant education and training for the student intern.
6. Supervise and evaluate the intern’s performance regularly throughout the term of the internship.
7. Notify the Faculty Mentor and/or Professional Advisor of any decision to remove the student from an internship prior to the agreed upon time.
8. Complete and submit a **Supervisor’s Internship Evaluation** (see page 7-8) form by the date specified by the department, and return it to the Faculty Mentor identified on page 2.

Sponsor: __________________________________________________________

Division/Department: __________________________ Position Title: __________________________

Internship Supervisor: __________________________ Supervisor’s Title: __________________________

Location of Internship: ________________________________________________________________
SPONSORING ORGANIZATIONAL AGREEMENT

Purpose of Internship:

General Job Description and Duties:

Total Hours (45 hours = 1 credit):

Organizational Guidelines or Requirements that the Student Intern Needs to Abide by:

Start Date: __________________________  End Date: __________________________
Month   Day   Year                      Month   Day   Year

Work Schedule: __________________________ Hours Per Week Expected: __________________________

Supervisor/Student Contact Hours:

Physical Demands/Work Environment:

Equipment/Machinery To be Used:

Other Pertinent Information:

____________________________________________________________________________________

Sponsor’s Supervisor’s Signature                        Date

____________________________________________________________________________________

Student Intern’s Signature                              Date
UNIVERSITY OF ARIZONA
CONDITIONS OF AGREEMENT

The Department and Sponsoring Organization, in finalizing this agreement, shall make no distinctions or discriminate against any applicant for internship credit on the basis of sex, race, creed, national origin, age, or handicap.

In consideration of the opportunity to participate in this internship, the undersigned Student and Sponsoring Organization do for themselves, their heirs, administrators and assigns, hereby release, discharge, and indemnify the University of Arizona, the Colleges of Engineering and Agriculture and Life Sciences, the Department of Agricultural & Biosystems Engineering, its representatives, administrators, employees, and students from any and all liabilities, losses, damages, claims, fines, suits, or actions of any kind and nature, resulting from or arising out of any actions, omissions, or negligence of the performance of this agreement. Furthermore, the Sponsoring Organization will provide the student intern with safety procedures and information as is customarily provided regular employees of the Sponsoring Organization.

UNIVERSITY OF ARIZONA
INFORMED LIABILITY STATEMENT

I understand that The University of Arizona and its representatives have arranged to establish an internship position with the Sponsoring Organization, which complies with academic, and employment regulations, policies, and procedures of The University of Arizona.

The daily managerial control and working conditions of the internship are under the sole discretion of the Sponsoring Organization and its designated agents. Consequently, I understand that The University of Arizona, Colleges of Engineering and Agriculture and Life Sciences, the Department of Agricultural & Biosystems Engineering, its deans, directors, administrators, and employees, do not assume and cannot assume any liabilities, losses, or damages to me or others resulting from or connection with acts, judgments, omissions, or negligence occurring during my work for and with the direction of the Sponsoring Organization or its agents. In consideration of this, I have been informed of the importance of securing employer benefits or making my own arrangements for personal and professional liability.

This agreement can be terminated at any time by mutual consent of the Sponsoring Organization, Faculty Mentor, and the student.

I have read and understand this document.

_________________________________________  __________________________
Student Signature                          Date

_________________________________________  __________________________
Sponsoring Organization Supervisor        Date

_________________________________________  __________________________
Faculty Mentor                            Date

_________________________________________  __________________________
Professional Academic Advisor              Date
STUDENT’S INTERNSHIP EVALUATION FORM  
(To be completed by the Intern)  

This form is for you (the student) to assess your internship experience. At the conclusion of the internship, by the end of the semester or summer term, complete this form and give it to your course instructor.

Intern Name: ____________________________________________
Sponsoring Organization: ____________________________________ Sponsoring Supervisor: _____________________________
Internship Instructor: _____________________________ Internship Department: ____________________________
Course Number and Section: ______________________ Semester(s) of Internship: ______________________

Place an X in the box of the number that best reflects your level of agreement/disagreement with each of the following statements. 1 = Strongly Agree; 5 = Strongly Disagree

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<td>I achieved my learning goals during the internship.</td>
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<td>Through my duties, I received training in a profession/field related to my studies.</td>
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<td>I experienced some of the realities of working in the profession/field.</td>
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<td>I successfully completed my assigned responsibilities and duties.</td>
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Evaluate the following aspects of your internship by placing an X in the box of the number that best reflects your experience. If the aspect does not apply, leave it blank. 1 = Outstanding; 5 = Unsatisfactory

Work Environment:

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<td>Clarity of organizational structure</td>
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<td>Access to necessary materials and/or equipment</td>
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<td>Collegiality/friendliness of the employees</td>
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<td>Attitude of respect for interns</td>
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Support and Feedback:

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<td>From your supervisor</td>
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<td>From other employees with whom you interacted</td>
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Opportunity to be Creative:

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<td>Willingness of others consider to your ideas</td>
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Interaction with Others:

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<td>Opportunity to contribute to a team project</td>
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<td>Questions were encouraged and answered.</td>
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<td>Access to one or more mentors (supervisor or employees)</td>
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Overall Evaluation of Internship (circle one): Superior Excellent Satisfactory Unsatisfactory

At the conclusion of your internship, please complete and return this form and your final report to your Faculty Mentor.
SUPERVISOR'S INTERNSHIP EVALUATION FORM

This form, to be completed by the intern’s on-site internship supervisor, is meant to provide constructive feedback to the student and Faculty Mentor about the student’s relative strengths and weaknesses as demonstrated in the internship. Unless the evaluation is extremely positive or negative, it will not significantly affect the student’s grade for the internship, which is primarily based on the quality of the related academic coursework.

Student Name: ___________________________ Semester(s) of Internship: ___________________________

Sponsoring Organization: ___________________ Organization Supervisor: _________________________

The supervisor should evaluate the intern as objectively as possible by selecting the number in each range that best describes the intern's performance for that characteristic. If the quality in question is irrelevant to the work the student has been performing, please circle “N/A” (not applicable).

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<td>Organizational Skills</td>
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<td>Observance of Rules, Policies, and Procedures</td>
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### Other Skills Unique to Position

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What are the student’s outstanding strengths?

In what areas does the student need improvement?

How often did you provide feedback to the intern about his/her work?

- Weekly______  Monthly______  1-2 times______  Never ______

Verification that student has worked a minimum of ___ hours per week at this internship.

Comments:

______________________________________________________________________________________________

Organization Supervisor’s Signature

Date

At the conclusion of the student’s internship, please complete and return this form to the Faculty Mentor identified on page 2.