

Simpson College
INTERNSHIP Coop 319 REGISTRATION FORM
Internships... "Learning in action"

Career Services
Center for Vocation and Integrative Learning
Leadership * Engagement * Career
careers@simpson.edu 515-961-1667

Complete and after all signatures are acquired submit to the registrar's office. Internships are graded on a pass/fail basis only.

STUDENT: Have you completed a previous internship? _____ If so when? _____

Student's Name _____ Address Unit # _____

Cell Phone _____ Student ID # _____ Email _____

Class Year _____ Cumulative GPA _____ Major/Minor _____

_____ Term Credit Is To Be Earned

Academic Department Course Number Credit Hours
____ PAID ____ UNPAID ____ Credit ____ Non Credit How did you learn about this internship? _____

LEARNING OBJECTIVES
It is recommended that you identify one or more learning objectives in each of the 4 categories listed below.
Your faculty supervisor must approve the objectives listed here. You may attach another sheet if needed.

Academic Learning Objectives: _____

Skill Development Objectives: _____

Career Development Objectives: _____

Personal Development Objectives: _____

EMPLOYER:

INTERNSHIP SITE: _____

DEPT _____

STREET _____

CITY/STATE/ZIP _____

BEGINNING DATE _____ ENDING DATE _____ HOURS PER WEEK _____

SITE SUPERVISOR:

NAME _____ TITLE _____

PHONE _____ EMAIL _____

BRIEF DESCRIPTION OF INTERNSHIP: (Attach a copy of the position description, if available.)

FACULTY: EVALUATION PLAN

As the faculty sponsor you will decide on an evaluation plan and grade the experience pass/fail. Please review objectives with the student and list the methods of evaluation you have agreed upon below. The Career Services office will ask for an employer evaluation and require the student to attend a reflection session to complete the internship.

STANDARD EVALUATION METHODS (please check)

_____ Mid-Term Evaluation _____ Presentation _____ Daily Log
_____ Journal _____ Written Paper _____ Other

Faculty and students should be in regular contact throughout the internship experience. How will this communication occur?

_____ Phone _____ Electronic _____ In Person _____ On-site visit

Faculty Supervisor Name Faculty Email Faculty Phone

Please read and sign below.

Student: I agree to the terms stated above

Site Supervisor: I have reviewed the application with the student and agree to the terms

Faculty Sponsor: I have reviewed the student's application and have determined that the student qualifies for a Coop 319 experience.

Department Chair: I have reviewed the student's academic plan of study and support the student in pursuing this experience.

Student Signature Date

Site Supervisor Signature Date

Faculty Sponsor Signature Date

Department Chair Signature Date

Director Career Services Date

Registrar Date