



# INTERNSHIP REGISTRATION

SIMPSON COLLEGE

Career Services

515-961-1667 phone

515-961-1674 fax

www.simpson.edu/ccs

CHECK ONE

Coop Ed 319 Internship

Coop Ed 219 Employment Experience

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

Student's Name \_\_\_\_\_ Term Credit Is To Be Earned \_\_\_\_\_

Address \_\_\_\_\_ Unit # \_\_\_\_\_ Phone \_\_\_\_\_

Class Year \_\_\_\_\_ Cumulative GPA \_\_\_\_\_ Major/Minor \_\_\_\_\_

Student ID # \_\_\_\_\_ Title of Internship \_\_\_\_\_

Please attach a complete description of objectives and responsibilities. (See back for more detail)

## EMPLOYER:

The employer/ supervisor and the student should discuss and agree on the objectives and responsibilities involved in this experience.

Name of Supervisor \_\_\_\_\_ Phone \_\_\_\_\_

Name of Organization \_\_\_\_\_ Department \_\_\_\_\_

Address \_\_\_\_\_  
Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

Employer Signature \_\_\_\_\_ -Date \_\_\_\_\_

## FACULTY SPONSOR:

Sponsoring Faculty Member For This Experience: \_\_\_\_\_

Dates of Experience From: \_\_\_\_\_ To: \_\_\_\_\_

Total Number of Hours in Workplace During Term \_\_\_\_\_ Number of Credits Requested \_\_\_\_\_  
(40 hours = 1 credit)

Department in which credit is to be earned \_\_\_\_\_

Have you had any contact with the on-the-job supervisor? \_\_\_\_\_ If so, your reaction? If not, when will contact be made? \_\_\_\_\_

An employer feedback/self-evaluation form will be sent to the student by Career Services to be discussed, completed with the intern supervisor, and returned to SCS before final grade is issued. Students must also complete the self evaluation and attend a required reflection session before final grade is issued. What other ways will the student's progress be assessed?

- \_\_\_\_\_ Mid-Term Evaluation
- \_\_\_\_\_ On-Site Visitation
- \_\_\_\_\_ Journal
- \_\_\_\_\_ Presentation
- \_\_\_\_\_ Written Paper
- \_\_\_\_\_ Other \_\_\_\_\_

Successful completion of the above will serve as the basis for evaluation of the project.

\_\_\_\_\_  
Sponsoring Faculty Member

\_\_\_\_\_  
Department Head

\_\_\_\_\_  
Director, Career Services

\_\_\_\_\_  
Registrar

Date \_\_\_\_\_





# Part II

## INTERNSHIP REGISTRATION

SIMPSON COLLEGE  
Counseling & Career Services  
515-961-1667 phone  
515-961-1674 fax  
www.simpson.edu (student life)

CHECK ONE

Coop Ed 319 Internship

Coop Ed 219 Employment Experience

STUDENT:

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

Name of Supervisor: \_\_\_\_\_

Name of Organization: \_\_\_\_\_

Address: \_\_\_\_\_  
Street City State Zip

Dates of Experience: Beginning \_\_\_\_\_ Ending \_\_\_\_\_

Work Days: \_\_\_\_\_ Work Hours: \_\_\_\_\_ Total Hours: \_\_\_\_\_

(40 hours = 1 credit)

DESCRIPTION OF OBJECTIVES AND RESPONSIBILITIES: (The employer supervisor and the student should discuss and agree on the objectives and responsibilities involved in this experience.)

# SAMPLE

How will the continuing progress of the student be assessed? (Daily/weekly conferences with the student, written reports from the supervisor, etc.)

\_\_\_\_\_  
Employer's Signature

\_\_\_\_\_  
Student's Signature