



Internship Application and Agreement

Student Information

Name:

Major:

Total Credit Hours Completed:

Cumulative GPA:

Email:

Position title of Internship:

Brief description of Internship:

Field Supervisor Information

Company/Organization:

Department:

Supervisor Name:

Title:

Email:

Dates and Schedule of Internship

Begins _____ / _____ / _____ Ends _____ / _____ / _____

Schedule Details:

Specific professional responsibilities during the period of internship:

Academic Information:

Supervisor:

Academic area and course title:

Academic assignments (as agreed upon with Franklin supervisor):

IMPORTANT NOTE: If your intended internship is in Switzerland, you must contact the Director of Career Services to verify your Swiss permit status.

Required Signatures:

The signatures of the undersigned indicate that the agreements below have been reviewed and approved.

I assume personal responsibility for the internship commitment and agree to complete assignments, meet deadlines and perform the internship duties in a professional and ethical manner. I will initiate regular contact with my supervisors and adhere to all organizational arrangements and procedures.

Intern: _____

Date: _____

I have discussed the internship with the student and agree to provide assistance and necessary training and consultation to help the intern complete the learning plan. I further agree to provide the intern with an orientation concerning relevant organizational policies, procedures and functions and to meet with the intern regularly. I will also be available to counsel, mentor and advise for the duration of the internship. I agree to conduct a final evaluation of the intern.

Field Supervisor: _____

Date: _____

I have discussed, reviewed and approved the student's Learning Plan and job description. These statements constitute a valid learning experience worthy of academic credit. I agree to be in regular contact with the student as outlined in the learning plan, evaluating the final internship activity, and contacting the Field Supervisor if necessary and submitting a grade by the date due.

Faculty Supervisor: _____

Date: _____

OR

I have discussed, reviewed and approved the student's Learning Plan and job description. These statements constitute a valid learning experience worthy of academic credit. I agree to be in regular contact with the student as outlined in the Learning Plan, evaluating the final internship activity, and contacting the Field Supervisor if necessary and submitting a grade by the date due.

Director of Career Services: _____

Date: _____

Internship Field Supervisor Final Evaluation

This form should be filled out during a final assessment interview with the student to enable both parties to review the internship and analyze strengths and weaknesses of the intern.

Intern name:

Internship Position/Title:

Organization/Company:

Field Supervisor's Name:

Field Supervisor's Title:

Email:

Field Supervisor Final Evaluation

Please rate the intern on the following characteristics. A formal letter, although not required, is also welcome as an attachment. **Please note that all information noted on this form will be shared with the intern at the end of the placement.**

CHARACTERISTICS	Superior	Good	Average	Below Average	N/A
Promptness					
Resourcefulness					
Professionalism					
Learning Ability					
Communication Skills					
Organizational Skills					
Ability to work with others					
Ability to work independently					
Ability to meet required deadlines					
Contribution to the organization					
Understanding of organizational procedures					
Acceptance of constructive criticism					
Promise of success in the field					

Please describe the intern's most significant professional strengths:

Please describe areas in which the intern could grow professionally:

Additional relevant comments on how the intern has fulfilled specific assignments and responsibilities.

Field Supervisor's Signature: _____

Thank you on behalf of Franklin University for participating in the professional development of the student who has participated in the internship with your organization.