B.I. Moody III College of Business Administration Internship Program
Student Internship Application
Instruction Sheet

**NOT FOLLOWING THE INSTRUCTION SHEET WILL DELAY THE PROCESSING OF YOUR APPLICATION**

Deadline for Application:
Fall/Spring Semester: 4th class day after start of semester.
Summer: 2nd class day after start of semester.

Registering for Internship:
The following documents must be completed as outlined below and returned to the Internship Office (Moody Hall, Room 204) in a timely manner in order to be registered for an internship:

<table>
<thead>
<tr>
<th>NAME OF SHEET</th>
<th>PAGE</th>
<th>WHO’S RESPONSIBILITY?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Student Application</td>
<td>6</td>
<td>The Student</td>
</tr>
<tr>
<td>Internship Contract Packet</td>
<td>7</td>
<td>The Student</td>
</tr>
<tr>
<td>Internship Information Sheet</td>
<td>8</td>
<td>The Supervisor OR The Student</td>
</tr>
<tr>
<td>Internship Learning Agreement</td>
<td>9-11</td>
<td>The Supervisor OR The Student</td>
</tr>
<tr>
<td>Internship Learning Contract</td>
<td>12-14</td>
<td>The Supervisor OR The Student</td>
</tr>
</tbody>
</table>

Pages 1-5 should NOT be returned with the application.

The Supervisor is to keep the Work Evaluation (Page 3) until the end of the internship (HRTM students have a different evaluation form, which can be printed from Moodle after the student is registered for the course).

Please include your ULID on the bottom of each page of the application.

THE FOLLOWING SIGNATURES ARE NEEDED BEFORE AN APPLICATION IS CONSIDERED COMPLETE:
- Employer’s Signature on page 11 and 13
- Student’s Signature on page 6 and 13
- Faculty Advisor’s Signature on page 14

Once the Student Internship Application is complete and (Pages 4-12) returned to the Internship Office, the student will be registered for the course if qualifications are met.

<table>
<thead>
<tr>
<th>MAJOR</th>
<th>FACULTY ADVISOR</th>
</tr>
</thead>
<tbody>
<tr>
<td>Accounting</td>
<td>Tracy Bundy</td>
</tr>
<tr>
<td></td>
<td>MX 311 482-6228</td>
</tr>
<tr>
<td></td>
<td><a href="mailto:tbundy@louisiana.edu">tbundy@louisiana.edu</a></td>
</tr>
<tr>
<td>BLAW</td>
<td>Lucy Henke</td>
</tr>
<tr>
<td></td>
<td>MX 332/353 482-6348</td>
</tr>
<tr>
<td></td>
<td><a href="mailto:henke@louisiana.edu">henke@louisiana.edu</a></td>
</tr>
<tr>
<td>Economics, Finance, and</td>
<td>Anthony Greco</td>
</tr>
<tr>
<td>Insurance and Risk Management</td>
<td>MX 321 482-6669</td>
</tr>
<tr>
<td></td>
<td><a href="mailto:ajg1979@louisiana.edu">ajg1979@louisiana.edu</a></td>
</tr>
<tr>
<td>Hospitality Management</td>
<td>Becky Dubois</td>
</tr>
<tr>
<td></td>
<td>MX 354 482-6644</td>
</tr>
<tr>
<td></td>
<td><a href="mailto:dubois@louisiana.edu">dubois@louisiana.edu</a></td>
</tr>
<tr>
<td>Management</td>
<td>Oliver J. “Buster” LeBlanc, III</td>
</tr>
<tr>
<td></td>
<td>MX 225 482-6654</td>
</tr>
<tr>
<td></td>
<td><a href="mailto:ojll383@louisiana.edu">ojll383@louisiana.edu</a></td>
</tr>
<tr>
<td>Marketing</td>
<td>Ram Thakur</td>
</tr>
<tr>
<td></td>
<td>MX 318 482-6659</td>
</tr>
<tr>
<td></td>
<td><a href="mailto:rxll297@louisiana.edu">rxll297@louisiana.edu</a></td>
</tr>
<tr>
<td>Petroleum Land Resource Management</td>
<td>Oliver J. “Buster” LeBlanc, III</td>
</tr>
<tr>
<td></td>
<td>MX 225 482-6654</td>
</tr>
<tr>
<td></td>
<td><a href="mailto:ojll383@louisiana.edu">ojll383@louisiana.edu</a></td>
</tr>
<tr>
<td>MBA Internships</td>
<td>Bob Viguerie</td>
</tr>
<tr>
<td></td>
<td>MX 328 482-5882</td>
</tr>
<tr>
<td></td>
<td><a href="mailto:mbadirector@louisiana.edu">mbadirector@louisiana.edu</a></td>
</tr>
</tbody>
</table>
Mission

The mission of the B.I. Moody III College of Business Administration’s Internship Program is to provide undergraduate and graduate students an opportunity to integrate theoretical knowledge gained in the classroom with practical job experience in preparation for postgraduate employment.

Minimum Student Qualifications, Undergraduate students

In general, students must have completed 60 hours, with a cumulative GPA of 2.2 or above before applying for an internship (Please note that you are required to have a cumulative GPA of 2.0 or higher to register for HMGT 498 or MGMT 475.) Business majors with a business minor may elect to complete an internship in their minor field of study. The appropriate Internship Advisor and the Internship Director must approve the application for the internship. In addition, please note the following course-specific requirements:

- ACCT 398 and 498: Completed ACCT 302 with a “C” or better
- HMGT 498: HMGT 331, HMGT 351, HMGT 371, MKTG 345, MGMT 320, and ACCT 202 must be completed with a grade of “C” or better in each. Students must have a minimum of 90 hours of coursework completed.
- MGMT 475: Must be PLRM major, completed MGMT 320 with a “C” or better, and student must be a senior
- MGMT 398: Completed MGMT 320 with a “C” or better
- MKTG 498: Completed at least 9 hours of MKTG courses with “C” or better in each
- FNAN 398: Completed FNAN 300 with a “C” or better
- BLAW 398: Completed BLAW 310 with a “C” or better

Minimum Student Qualifications, Graduate students

In general, MBA students must be in good academic standing to apply for an internship. MBA/HCA students are encouraged to complete the required internships in their last two semesters of study.

Benefits to the Student

1. Eases the transition from the classroom to the work world
2. Provides a record of work experience which should help in securing full-time employment upon graduation
3. Helps develop a personal work ethic.
4. Makes practical application of classroom principles and theories
5. Supplements other college financing
6. Allows three semester hours of credit per enrollment period (limit of six hours total)

Benefits to the Participating Organization

1. Provides the organization with a pool of high quality potential employees.
2. Gives the organization an opportunity to assess the actual performance of a potential employee at minimal cost and risk.
3. Makes qualified part-time help available to supplement the regular work force, at the choice of the organization.
4. Generates satisfaction from helping develop tomorrow’s business leaders.

Evaluations

Evaluations are made to improve future internships.

1. Work supervisors evaluate the performance of interns using a standard instrument.
2. Interns complete a standard evaluation instrument and write a report on their internship experience.
3. Interns complete an evaluation of their employer.
Work Supervisor Evaluation of Student Intern  
B. I. Moody III College of Business Administration  
Internship Program  
University of Louisiana at Lafayette  
**Not to be completed until end of internship**

<table>
<thead>
<tr>
<th>Work Supervisor’s Name</th>
<th>Work Telephone</th>
<th>Organization</th>
<th>Work E-mail</th>
<th>Position</th>
</tr>
</thead>
</table>

Student Intern’s Name ___________________________ Semester/Term _____________

**Instructions:** The intern’s **work supervisor** is requested to evaluate the student on the following criteria:

<table>
<thead>
<tr>
<th></th>
<th>Excellent</th>
<th>Very Good</th>
<th>Average</th>
<th>Poor</th>
<th>Very Poor</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ability to work well with others</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Quality of work</td>
<td></td>
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<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Attitude toward work</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Dependability</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Ability to learn</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Intern’s benefit from program</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Decision-making ability</td>
<td></td>
<td></td>
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<tr>
<td>Ability to apply academic training</td>
<td></td>
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</tr>
<tr>
<td>Overall Performance</td>
<td></td>
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</tr>
</tbody>
</table>

Attendance: _____ Regular _____ Irregular  
Punctuality: _____ Regular _____ Irregular

Recommended Grade: _____________________
What traits may help or hinder the student’s career advancement?
______________________________________________________________________________

Additional Remarks (Use back of page if necessary):
______________________________________________________________________________
______________________________________________________________________________

SUPERVISOR’S SIGNATURE ___________________________ Date ___________
**SUPERVISOR MUST SUBMIT PAGE DIRECTLY TO THE INTERNSHIP OFFICE VIA EMAIL AT internship@louisiana.edu**
**Student Evaluation of Employer**  
B. I. Moody III College of Business Administration  
*Internship Program*  
University of Louisiana at Lafayette  
**Not to be completed until end of internship**

Student’s name:  
Company name:  
Semester of internship:

This evaluation form pertains to the work experience component of your internship. It will not be shown to your internship employer. It is for the use of the Moody College of Business Administration Internship Program and your department.

Please rate how well the internship contributed to your personal and professional development on the following dimensions using a 1 to 5 scale, where 1 means the internship did not contribute at all to your development on this dimension and 5 means the internship contributed a great deal to your development on this dimension.

How well did the on the job experience in the internship contribute to your:

<table>
<thead>
<tr>
<th>Contribution At All</th>
<th>Contributed A Great Deal</th>
</tr>
</thead>
<tbody>
<tr>
<td>Professional development:</td>
<td>1 2 3 4 5</td>
</tr>
<tr>
<td>Verbal communication skills</td>
<td>1 2 3 4 5</td>
</tr>
<tr>
<td>Written communication skills</td>
<td>1 2 3 4 5</td>
</tr>
<tr>
<td>Visual/presentation skills</td>
<td>1 2 3 4 5</td>
</tr>
<tr>
<td>Technical skills</td>
<td>1 2 3 4 5</td>
</tr>
<tr>
<td>Interpersonal skills</td>
<td>1 2 3 4 5</td>
</tr>
<tr>
<td>Organizational skills/responsibility</td>
<td>1 2 3 4 5</td>
</tr>
<tr>
<td>Ability to make additional career decisions</td>
<td>1 2 3 4 5</td>
</tr>
<tr>
<td>Understanding of your major field</td>
<td>1 2 3 4 5</td>
</tr>
</tbody>
</table>

Comments:

How much do you agree or disagree with each of the following statements?

<table>
<thead>
<tr>
<th>Statement</th>
<th>Strongly Disagree</th>
<th>Strongly Agree</th>
</tr>
</thead>
<tbody>
<tr>
<td>My supervisor strove to enhance my learning experience.</td>
<td>1 2 3 4 5</td>
<td></td>
</tr>
<tr>
<td>My supervisor was conscious of my needs as an intern.</td>
<td>1 2 3 4 5</td>
<td></td>
</tr>
<tr>
<td>My supervisor ensured that I had adequate direction for my work.</td>
<td>1 2 3 4 5</td>
<td></td>
</tr>
<tr>
<td>I was given an adequate amount of responsibility</td>
<td>1 2 3 4 5</td>
<td></td>
</tr>
</tbody>
</table>
I was given professional level assignments.  
1  2  3  4  5

The internship included an adequate training component.  
1  2  3  4  5

My coursework prepared me for this employment experience.  
1  2  3  4  5

Comments:

Any interesting stories, surprises, or challenges?

What suggestions can you offer for improving the internship experience?

Would you recommend this internship for future students? Why or why not?

Did you receive an offer of full-time employment from your internship employer? If so, did you accept?

***STUDENT MUST SUBMIT EVALUATION DIRECTLY TO THE INTERNSHIP COORDINATOR VIA EMAIL (internship@louisiana.edu) NO LATER THAN THE LAST DAY OF CLASSES.***
Student Application
B. I. Moody III College of Business Administration
Internship Program
University of Louisiana at Lafayette

Directions: Complete the form and return it to the Internship Office (Moody Hall, Room 204) before the deadline:
Fall/Spring: Four (4) days after the first day of classes. Summer: Two (2) days after the first day of classes

Name: _______________________________________________ CLID: ______________________

(Last) (First) (MI)
Current Address: ___________________________________________
City: ___________________ State: _______ Zip: ___________ Cell Phone: __________________
Email Address: ____________________________________________

Work Phone: __________________ Home Phone: __________________

Permanent Address: _______________________________________
City: ___________________ State: _______ Zip: ________ Phone: __________________

<table>
<thead>
<tr>
<th>Course Credit Desired (Check one)</th>
<th>Semester/Year Internship Desired: __________________ (Semester) (Year)</th>
</tr>
</thead>
<tbody>
<tr>
<td>ACCT 398</td>
<td>Major _____________________________________________</td>
</tr>
<tr>
<td>ACCT 498</td>
<td>Minor (if applicable) ___________</td>
</tr>
<tr>
<td>BLAW 398</td>
<td>Classification _____Junior _____Senior _____ MBA</td>
</tr>
<tr>
<td>ECON 399</td>
<td>Cumulative GPA _________________</td>
</tr>
<tr>
<td>FNAN (Also for INS RM) 398</td>
<td>Core Courses in Major Completed _____Yes _____No</td>
</tr>
<tr>
<td>HMG 498</td>
<td>MBA Course Credit TBD</td>
</tr>
<tr>
<td>MGMT 398</td>
<td></td>
</tr>
<tr>
<td>MGMT 475</td>
<td></td>
</tr>
<tr>
<td>MKTG 498</td>
<td></td>
</tr>
</tbody>
</table>

I understand that I will need to meet with a Faculty Advisor, satisfactorily complete all required forms and reports, work at least 150 hours*, and complete the internship contract packet to receive credit for the course. I also agree to abide by all rules, regulations, and policies of the employer pertaining to my employment.

*PLRM majors are required to work at least 240 hours.
The University of Louisiana at Lafayette adheres to the principle of equal educational and employment opportunity without regard to race, sex, color, creed, or national origin. This policy extends to all programs and activities supported by the University.

GENERAL RELEASE AND CONFIDENTIALITY AGREEMENT

I understand that the University of Louisiana at Lafayette reserves the right to make cancellations, changes, or substitutions in cases of emergency or changed conditions or in the general interest of the internship program.

It is expressly agreed that the internship site and use of any and all of its facilities shall be undertaken by me at my own sole risk and that the University of Louisiana at Lafayette shall not be liable for any and all claims, demands, injuries, damages, actions, or causes of actions, whatsoever to me or to my property arising out of or connected with the internship and with the University.
use of any and all services, or facilities associated with the internship. I waive and hereby release the University of Louisiana at Lafayette, its governing board, officers, employees, and agents of and from any and all liability, causes of action, claims, or damages arising out of or related to any loss, damage, or injury sustained by any person (including myself) as a direct or indirect result of my participation in the internship.

I understand that the University of Louisiana at Lafayette is in no sense my employer, nor a party to contract. I further understand that the University has no control over industrial and other hazards to which I may be exposed while working for the employer; therefore, the University is not liable for any accident that may occur in connection with my internship employment.

I also understand that it is my responsibility to safeguard any information that I acquire through this placement that may be confidential by not revealing the identities of individuals, personal or sensitive information, except in written projects submitted as part of my internship experience. My internship is a privilege and a breach in confidentiality may lead to dismissal from the internship program. I have read the Confidentiality Statement and agree to its conditions.

Further, I hereby attest, to the best of my knowledge, that all the information I have provided in this form is correct.

Signature ____________________________________________ Date ____________________________
Name_______________________________________
Major_______________________________________
Minor_______________________________________
Course_______________________________________
Semester/Year_________________________________
Business______________________________________
Faculty Advisor______________________________

If you have any questions, or would like to talk to someone about an internship, you may contact:

Aaren Faulkner
Internship Coordinator
(MX 204, 337-482-5836)
internship@louisiana.edu

Dr. Brandi N. Guidry Hollier
Internship Director
(MX 256, 337-482-6211)
bng8618@louisiana.edu
THE UNIVERSITY OF LOUISIANA at LAFAYETTE
BUSINESS INTERNSHIP PROGRAM

Internship Information Sheet

DATE ____________

NAME OF BUSINESS ______________________________________________________________

ADDRESS ______________________________________________________________

                  (Street)     (City)  (ST)  (Zip)

SUPERVISOR’S NAME ____________________________________________________________

SUPERVISOR’S TITLE __________________________________ PHONE ________________

EMAIL __________________________________ WEBSITE __________________________

INTERNSHIP JOB TITLE(S) ______________________________________________________

IS THIS YOUR CURRENT JOB? □ YES* □ NO

*If YES, indicate how long you have been employed with the company, give a brief description of your
current job duties, and explain how this internship will differ. Use back if necessary.

INTERN JOB DESCRIPTION (Please give consideration to job duties, diversity of job activities, increasing job
responsibilities, etc.)

________________________________________________________________________________________

________________________________________________________________________________________

________________________________________________________________________________________

________________________________________________________________________________________

INTERNSHIP JOB LOCATION: ____________________________________________

INTERNSHIP JOB REQUIREMENTS: ____________________________________________

________________________________________________________________________________________

Safety or special equipment required: Yes _____ No _____ If yes, what?

________________________________________________________________________________________

UNUSUAL FACTORS (e.g., safety risks, etc.) ____________________________________________

________________________________________________________________________________________

INTERNSHIP TRAINING PROGRAM (Specify training plans for intern student development)

________________________________________________________________________________________

INTERNSHIP STARTING SALARY / WAGE RATE ________________________________

COMPANY FRINGE BENEFITS ______________________________________________________

R 10/2018

ULID: ________________ 9
AGREEMENT BETWEEN
THE UNIVERSITY OF LOUISIANA at LAFAYETTE
AND

_______________________
(Name of Business)

This AGREEMENT made and entered into by and between The University of Louisiana at Lafayette, B. I. Moody III College of Business Administration, hereinafter referred to as “University,” and

_______________________
(Name of Business)

_______________________
(Street Address)

_______________________
(City, State, Zip Code)

hereinafter referred to as the “Business.”

WITNESSETH:
Whereas, the University and the Business share the following common objectives: (1) to provide practical experience and related instruction for students of the University enrolled in the internship program; (2) to improve the overall educational program of the University by providing opportunities for learning experiences which will permit the student to achieve advanced levels of professional competence and performance; and (3) to increase contacts between academic faculties and businesses for the fullest utilization of available teaching facilities and expertise.

NOW, THEREFORE, for and in consideration of the foregoing and in further consideration of the mutual benefits, the parties of this agreement agree as follows:

1. GENERAL INFORMATION

   (a) The internship program is designed as a learning experience for the student to ensure a full and meaningful business experience.

2. RESPONSIBILITIES OF THE UNIVERSITY

   (a) The University shall designate a faculty member to direct the program, which includes monitoring and assignment of eligible students to the Business.

   (b) The Faculty Advisor may call or visit the Business at regular intervals to monitor the progress of the student and the continuing development of the program.

   (c) The University will enforce rules and regulations that are mutually agreed upon by the University and the Business.
3. **RESPONSIBILITIES OF THE BUSINESS**

   (a) The Business shall provide a planned, supervised program of business experiences.

   (b) The Business shall maintain complete records and reports on each student’s performance and provide evaluations of the student as required on forms furnished by the University.

   (c) The Business may request the University to withdraw any student from its facilities whose personal characteristics or performance prevent desirable relationships with the Business.

   (d) The Business, shall, on reasonable oral or written request, permit the inspection of its facilities, services available for practice experience, student record, and such items pertaining to the Internship Program by the University, or agencies, or by both, charged with the responsibility for accreditation of the academic program.

4. **RESPONSIBILITIES OF THE STUDENT**

   (a) The student is responsible for adhering to the administrative policies of the Business.

   (b) The student is responsible for adhering to the proper dress code required by the Business.

   (c) The student is responsible for procuring their own transportation to and from work.

   (d) The student is responsible for reporting to the Business punctually and following all established regulations during the regularly scheduled operating hours of the Business.

   (e) The student will not submit for publication any material relating to the internship experience without prior written approval of the Business.

   (f) The student shall hold all privileged information concerning the operation of the Business or its customers in confidence.

5. **TERMS OF AGREEMENT**

   This affiliation may be canceled by either party upon thirty days prior written notification.

   This agreement may be revised or amended by the administrative officers of the two institutions with the approval of both parties. This document will be reviewed and revised as necessary.
6. EMPLOYER ASSURANCE OF NON-DISCRIMINATION

Assurance is hereby given that this employer’s facilities available for use in connection with The University of Louisiana at Lafayette Business Internship Program are not used in any manner that discriminates by race, color, creed, national origin, or sex.

IN WITNESS WHEREOF, the parties have executed this agreement on this the ___________ day of _______________________ 20_______.

______________________________
Employer (Supervisor) Signature

______________________________
Director, B. I. Moody III College of Business Administration Internship Program
The University of Louisiana at Lafayette
Internship Learning Contract

This letter of agreement confirms the responsibilities of the Business, the Student Intern and the Faculty Advisor in the internship, the beginning and ending dates of the internship, and the due dates for the performance evaluations.

The size and function of the Business participating in the internship may, in some cases, require slight modifications of the procedures contained in this guideline. Significant modification of these procedures should be mutually approved in writing and signed by all of the parties signing the original agreement.

Beginning date of the internship: ___________________________________
* Please note: You may not begin an internship until the first day classes for any given semester.

Completion date of the internship: __________________________________
* Please note: You must complete an internship on or just before the last day of classes for the semester.

How much will the intern be paid? _________________________________

Position: ______________________________________________________

Location of work assignment: _____________________________________

The Business is under no obligation to offer full-time employment to the Student Intern prior or after graduation. Likewise, the Student Intern is under no obligation to the Business after completion of the prescribed work period(s) for an Internship.

RESPONSIBILITIES

Student Intern: As the Student Intern enters the Business, he/she is expected to assume, as much as possible, the role of a regular staff member. The responsibilities include the following:

1. Adhering to company work hours, policies, procedures and rules governing professional staff behavior.

2. Adhering to company policies governing the observation of confidentiality and the handling of confidential information.

3. Assuming personal and professional responsibilities for his/her actions and activities.

4. Maintaining professional relationships with the company employees, customers, and so forth.

5. Utilizing a courteous, enthusiastic, open-minded, critical approach to policies and procedures within the profession.

6. Relating and applying knowledge acquired in the academic setting to the Business setting.
7. Developing self-awareness in regard to attitudes, values, behavior patterns, etc. that influence work.

8. Preparing for and utilizing conferences and other opportunities of learning afforded in the company.

9. Being consistent and punctual in the submission of all work assignments to the Supervisor and the Faculty Advisor.

10. Providing the Faculty Advisor with periodic progress reports.

AGREED_____________________________________________ DATE ________________

Student Intern Signature

Employer: It is the responsibility of the Employer to provide direct, on-the-job supervision of the Student Intern which includes the following:

1. Orienting the Student Intern to the company’s structure and operations.

2. Orienting the Student Intern to the company’s policies and procedures regarding appropriate professional and clerical staff.

3. Introducing the Student Intern to the appropriate professional and clerical staff.

4. Providing the Student Intern with adequate resources necessary to accomplish job objectives.

5. Orienting the Student Intern to the policies and procedures of the personnel department.

6. Affording the Student Intern the opportunity to identify with the Supervisor as a professional staff person by jointly participating in office interviews, meetings, conferences, projects, and other personnel and management functions.

7. Assigning and supervising the completion of tasks and responsibilities that are consistent with the Student Intern’s role in the company.

8. Consulting the Faculty Advisor in the event that the supervisor becomes aware of personal communication or other problems that are disrupting the Student Intern’s learning and performance.

9. Providing regularly scheduled supervisory conferences with the Student Intern.

10. Participating in joint and individual conferences with the Student Intern and Faculty Advisor regarding the Student Intern’s performance.

11. Submitting a final evaluation on the Student Intern’s job performance.

AGREED_____________________________________________ DATE ________________

Employer/Supervisor Signature

R 10/2018              ULID: _____________ 14
Faculty Advisor: The Faculty Advisor assumes overall responsibility for consultation with the Business and Student Intern on objectives, agreement, and other job-related tasks. The Faculty Advisor is available to the Student Intern in an advisory capacity with respect to assisting him/her with the stated objective of the internship. The role of the Faculty Advisor involves the following:

1. Individual placement orientation and introduction of the Student Intern to the nature and purpose of the internship.

3. Consulting with the Business Supervisor and Student Intern regarding the Student Intern’s performance as needed.

4. Assuming responsibility for the removal of a Student Intern from the internship setting whenever necessary.

AGREED_____________________________________________ DATE ________________
Faculty Advisor Signature

AGREED_____________________________________________ DATE ________________
Director, Internship Program