

## ITT Internship Application

*To Student: Complete this form as soon as you have been formally accepted by an Intern host. Attach as an appendix a copy of any letter of acceptance from the host. Upon approval by the GBAT department, you will register for GBUS 525.*

Student ID: \_\_\_\_\_ Name: \_\_\_\_\_

Maritime College email: \_\_\_\_\_

Alternate email address: \_\_\_\_\_

Semester: \_\_\_\_\_ Year: \_\_\_\_\_

Name of Intern Host Organization: \_\_\_\_\_

Internship Site Address: \_\_\_\_\_

\_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Describe expected duties & responsibilities: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Describe what you expect to learn from the internship: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

How does this internship relate to Global Business and/or Transportation? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Compensation: Paid (amount): \_\_\_\_\_ Unpaid: \_\_\_\_\_

Start/End Date: \_\_\_\_\_ Hours/week: \_\_\_\_\_

Work Supervisor: (Name and Title) \_\_\_\_\_

Supervisor's Direct Phone: \_\_\_\_\_

Supervisor's Email: \_\_\_\_\_ Fax: \_\_\_\_\_

**Signed by Student Intern:** \_\_\_\_\_

Date: \_\_\_\_\_

**Approved by GBUS 525 Instructor/ GBAT Chair/ Academic Advisor**

Name/Signature: \_\_\_\_\_

Date: \_\_\_\_\_

# INTERNSHIP LEARNING AGREEMENT

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## LEARNING AGREEMENT: INTERNSHIP WORK COMPONENT/JOB DESCRIPTION

Both the internship supervisor and the intern should complete this portion of the learning agreement

**1. Job Description:** This is a description that describes in as much detail as possible, the intern's role and responsibilities. List duties, meetings, activities, project deadlines, etc. Please attach additional sheets if needed

**2. Supervision & Resources:** Describe the supervision (and time frame) to be provided to the intern by the site supervisor. For example, an on-site supervisor may choose to meet on a weekly basis with the ITT intern to discuss that week's progress and to address the challenges of the coming week. Please also indicate what resources will be available to assist the intern in accomplishing his/her duties. (e.g. human resources, equipment, such as desk, computer, telephone, etc.)

**3. Assessment and Evaluation:** In addition to informal and periodic assessment and evaluation provided by the on-site supervisor, the on-site supervisor will complete a mid-term and final evaluation (forms attached). The evaluations should be based on the goals and tasks indicated in the job description and learning objectives. These evaluations will be shared with the intern and the on-campus internship faculty.

**Work Supervisor:** I have discussed this internship with the student and have negotiated and assigned the work components which appear on this agreement. I agree to provide assistance and necessary training and consultation to help intern make progress toward their learning goals and objectives. I further agree to provide the intern with an orientation concerning relevant organizational policies, procedures and functions, to meet with the intern regularly, and to be available for counsel and advice for the duration of the internship. I agree to conduct an evaluation of the student and to participate in a site visitation if requested.

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Print Name of Work Supervisor and Position/title

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Signature of Work Supervisor

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Print Name of Agency or Organization/Department

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Date

## MID-TERM INTERNSHIP EVALUATION for Supervisors

|                        |                              |                        |
|------------------------|------------------------------|------------------------|
| Date: _____            | Intern Name: _____           | Semester: FA   SP   SU |
| ID#: _____             | Course Name & Number: _____. |                        |
| Major: _____           | Faculty Supervisor: _____.   |                        |
| Internship Site: _____ | Supervisor: _____.           |                        |

*This evaluation is to provide feedback on job performance and related issues to assist the student in his/her academic, personal and professional development. Indicate the student's achievement by choosing the appropriate rating and providing additional comments in the space provided.*

Scale: N/A - Not Applicable or not enough information to form a judgment  
 1 - Far Below Expectations - Needs much improvement. A concern  
 2 - Below Expectation - Needs some improvement to meet standards  
 3 - Acceptable - Meets standards at average level for interns  
 4 - Above Expectations - Performs above average level for interns  
 5 - Far Above Expectations - A definite strength, performs well beyond average level for interns

|   |          |
|---|----------|
| <b>A. Ability to Learn</b><br><input type="checkbox"/> Asks pertinent and purposeful questions<br><input type="checkbox"/> Seeks out and utilizes appropriate resources<br><input type="checkbox"/> Accepts responsibility for mistakes and learns from experience                                  | Comments |
| <b>B. Reading/Writing/Computation Skills</b><br><input type="checkbox"/> Reads/comprehends/follows written materials<br><input type="checkbox"/> Communicates ideas and concepts clearly in writing<br><input type="checkbox"/> Works with mathematical procedures appropriate to the job           | Comments |
| <b>C. Listening and Oral Communication Skills</b><br><input type="checkbox"/> Listens to others in an active and attentive manner<br><input type="checkbox"/> Effectively participates in meetings or group settings<br><input type="checkbox"/> Demonstrates effective verbal communication skills | Comments |
| <b>D. Creative Thinking and Problem Solving Skills</b><br><input type="checkbox"/> Breaks down complex tasks/problems into manageable pieces<br><input type="checkbox"/> Brainstorms/develops options and ideas<br><input type="checkbox"/> Demonstrates an analytical capacity                     | Comments |
| <b>E. Professional &amp; Career Development Skills</b><br><input type="checkbox"/> Exhibits self-motivated approach to work<br><input type="checkbox"/> Demonstrates ability to set appropriate priorities/goals<br><input type="checkbox"/> Exhibits professional behavior and attitude            | Comments |

## MID-TERM INTERNSHIP EVALUATION for Supervisors

|  |          |
|--|----------|
| <b>F. Interpersonal &amp; Teamwork Skills</b><br>___Manages and resolves conflict in an effective manner<br>___Supports and contributes to a team atmosphere<br>___Demonstrates assertive but appropriate behavior   | Comments |
| <b>G. Organizational Effectiveness Skills</b><br>___Seeks to understand and support the organization's mission/goals<br>___Fits in with the norms/expectations of the organization<br>___Works within appropriate authority and decision making channels   | Comments |
| <b>H. Basic Work Habits</b><br>___Reports to work as scheduled and on-time<br>___Exhibits a positive and constructive attitude<br>___Dress and appearance are appropriate for the organization   | Comments |
| <b>I. Character Attributes</b><br>___Brings a sense of values and integrity to the job<br>___Behaves in an ethical manner<br>___Respects the diversity (religious, cultural, ethnic) of co-workers   | Comments |
| <b>Open Category: Industry-Specific Skills</b><br>Are there any skills or competencies that you feel are important to the profession or career-field (represented by your organization) that have not been previously listed in this evaluation? If so, please list these skills below and assess intern accordingly.<br>___1.<br>___2.<br>___3.   |          |
| <b>Site Supervisors: Please review this evaluation with the student before he/she leaves the internship</b><br><br>Is the intern meeting the goals and objectives agreed upon for this internship? <input type="checkbox"/> YES <input type="checkbox"/> NO<br><br>Do you foresee major changes to the work description for the remainder of the internship ? <input type="checkbox"/> YES <input type="checkbox"/> NO<br><br>Do you need assistance from the faculty member and/or internship coordinator on campus? <input type="checkbox"/> YES <input type="checkbox"/> NO |          |
| Is there any feedback you can offer that will help us strengthen our internship program (e.g. goal setting, supervisor training, intern preparation, selection procedures, etc.)?  |          |

This evaluation has been reviewed with and agreed upon with the student as evidenced by the signatures below.

\_\_\_\_\_  
 Internship Supervisor

\_\_\_\_\_  
 Student Intern

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Date

# END-OF-TERM INTERNSHIP EVALUATION for Supervisors

|                        |                             |                        |
|------------------------|-----------------------------|------------------------|
| Date: _____            | Intern Name: _____          | Semester: FA   SP   SU |
| ID#: _____             | Course Name & Number: _____ |                        |
| Major: _____           | Faculty Supervisor: _____   |                        |
| Internship Site: _____ | Supervisor: _____           |                        |

*This evaluation is to provide feedback on job performance and related issues to assist the student in his/her academic, personal and professional development. Indicate the student's achievement by choosing the appropriate rating and providing additional comments in the space provided.*

Scale: N/A - Not Applicable or not enough information to form a judgment  
 1 - Far Below Expectations - Needs much improvement. A concern  
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 4 - Above Expectations - Performs above average level for interns  
 5 - Far Above Expectations - A definite strength, performs well beyond average level for interns

|  |          |
|--|----------|
| <b>A. Ability to Learn</b><br>___ Asks pertinent and purposeful questions<br>___ Seeks out and utilizes appropriate resources<br>___ Accepts responsibility for mistakes and learns from experience                                  | Comments |
| <b>B. Reading/Writing/Computation Skills</b><br>___ Reads/comprehends/follows written materials<br>___ Communicates ideas and concepts clearly in writing<br>___ Works with mathematical procedures appropriate to the job           | Comments |
| <b>C. Listening and Oral Communication Skills</b><br>___ Listens to others in an active and attentive manner<br>___ Effectively participates in meetings or group settings<br>___ Demonstrates effective verbal communication skills | Comments |
| <b>D. Creative Thinking and Problem Solving Skills</b><br>___ Breaks down complex tasks/problems into manageable pieces<br>___ Brainstorms/develops options and ideas<br>___ Demonstrates an analytical capacity                     | Comments |
| <b>E. Professional &amp; Career Development Skills</b><br>___ Exhibits self-motivated approach to work<br>___ Demonstrates ability to set appropriate priorities/goals<br>___ Exhibits professional behavior and attitude            | Comments |

## END-OF-TERM INTERNSHIP EVALUATION for Supervisors

|   |                      |
|---|----------------------|
| <b>F. Interpersonal &amp; Teamwork Skills</b><br>___Manages and resolves conflict in an effective manner<br>___Supports and contributes to a team atmosphere<br>___Demonstrates assertive but appropriate behavior  | Comments             |
| <b>H. Organizational Effectiveness Skills</b><br>___Seeks to understand and support the organization's mission/goals<br>___Fits in with the norms/expectations of the organization<br>___Works within appropriate authority and decision making channels  | Comments             |
| <b>H. Basic Work Habits</b><br>___Reports to work as scheduled and on-time<br>___Exhibits a positive and constructive attitude<br>___Dress and appearance are appropriate for the organization  | Comments             |
| <b>I. Character Attributes</b><br>___Brings a sense of values and integrity to the job<br>___Behaves in an ethical manner<br>___Respects the diversity (religious, cultural, ethnic) of co-workers  | Comments             |
| <b>Open Category: Industry-Specific Skills</b><br>Are there any skills or competencies that you feel are important to the profession or career-field (represented by your organization) that have not been previously listed in this evaluation? If so, please list these skills below and assess intern accordingly.<br>___1.<br>___2.<br>___3.  |                      |
| <b>Site Supervisors: Please review this evaluation with the student before he/she leaves the internship</b><br><br>Is the intern meeting the goals and objectives agreed upon for this internship? <span style="float: right;"><input type="checkbox"/> YES   <input type="checkbox"/> NO</span><br>Do you foresee major changes to the work description for the remainder of the internship ? <span style="float: right;"><input type="checkbox"/> YES   <input type="checkbox"/> NO</span><br>Do you need assistance from the faculty member and/or internship coordinator on campus? <span style="float: right;"><input type="checkbox"/> YES   <input type="checkbox"/> NO</span> |                      |
| Is there any feedback you can offer that will help us strengthen our internship program (e.g. goal setting, supervisor training, intern preparation, selection procedures, etc.)?   |                      |
| This evaluation has been reviewed with and agreed upon with the student as evidenced by the signatures below.   |                      |
| Internship Supervisor _____   | Student Intern _____ |
| Date _____  | Date _____           |

## END-OF-TERM INTERNSHIP EVALUATION for Students

|   |    |   |   |    |    |
|---|----|---|---|----|----|
| Intern Name: _____ Date _____ Semester: FA SP SU _____  |    |   |   |    |    |
| Phone: _____ Major: _____   |    |   |   |    |    |
| Internship Site: _____ Supervisor: _____  |    |   |   |    |    |
| Phone: _____ Fax: _____ Email: _____  |    |   |   |    |    |
| Scale:    SA – Strongly Agree            A-Agree            D-Disagree            SD-Strongly Disagree            N/A       |    |   |   |    |    |
| Evaluation Statements   | SA | A | D | SD | NA |
| 1. My internship experience was challenging. I was constantly given tasks that were new and/or varied.                      |    |   |   |    |    |
| 2. Performance of my job duties was essential to the employer.  |    |   |   |    |    |
| 3. My supervisor (or training instructor) gave clear, explicit instructions and did so as often as I needed them.           |    |   |   |    |    |
| 4. My supervisor had an open-door policy. I could contact him/her whenever I needed to talk with him/her.                   |    |   |   |    |    |
| 5. I felt that my employer did everything possible to make my experience significant and meaningful.                        |    |   |   |    |    |
| 6. During this internship term I felt that I was productive for the organization.   |    |   |   |    |    |
| 7. My training assignment was very well structured. The employer had a training plan in mind for the internship experience. |    |   |   |    |    |
| 8. I feel that I learned a great deal in my career or professional area.  |    |   |   |    |    |
| 9. My greatest learning occurred in the personal/social area.   |    |   |   |    |    |
| 10. Financial compensation for the work I performed was adequate.   |    |   |   |    |    |
| 11. My internship experience increased my motivation to obtain a four-year degree.  |    |   |   |    |    |
| 12. My internship experience confirmed my career plans.   |    |   |   |    |    |
| 13. My internship experience helped me to determine some of the courses I want to take when I return to campus.             |    |   |   |    |    |
| 14. I believe my internship experience will make me more competitive in the job market when I graduate.                     |    |   |   |    |    |
| 15. I am more confident of my abilities as a result of my internship experience.  |    |   |   |    |    |
| 16. My academic preparation for this assignment was adequate.   |    |   |   |    |    |
| 17. I recommend this employer for prospective internship students.  |    |   |   |    |    |

\_\_\_\_\_  
Student Intern

\_\_\_\_\_  
Date