

▪ INTERNSHIP OVERVIEW ▪

INTERN INFORMATION

Last Name: _____ First Name: _____

Student ID: _____ Email: _____

Level: Junior Senior Graduate

Major: Communications Media Business

Area of Emphasis: Screenwriting Producing Production

Acting Animation Gaming New Evangelization

Internship Quarter Date: _____

UNIVERSITY INTERNSHIP SUPERVISOR

Faculty Name: _____

Program: _____

Reason for choice: _____

COMPANY INTERNSHIP INFORMATION

Organization/Company Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Company Internship Representative: _____

Representative's Title: _____

Telephone: _____ Emergency Number: _____ Email: _____

Intern's Title with Company: _____

INTERNSHIP CREDIT HOUR REQUIREMENT

*The intern must complete a minimum of 90 hours during the 10-week quarter. The Intern's University Internship Supervisor will verify all hours on a weekly basis. A successful Internship results in 3 units of credit, which is the equivalent of a regular class. **The grade assigned to the Internship is Pass or Fail.***

Start Date: _____ Completion Date: _____

Estimated number of hours: _____ Per Day _____ Per Week _____ Total (10 weeks)

Days of the week: M T W Th F Sa Su

INTERNSHIP COMPENSATION

Paid: Rate: \$ _____ Per Hour Weekly Stipend

Unpaid Future Payment (*explain below*):

Special Compensation Notes (if needed):

▪ INTERNSHIP PROPOSAL ▪

Please respond to the prompts written in italics. Examples may be provided.

1. OVERVIEW OF THE INTERNSHIP

In this Internship, I will:

DESCRIBE THE PURPOSE AND PROVIDE A SUMMARY OF THE CONTENT OF THE INTERNSHIP.
 HOW WILL THE INTERNSHIP FIT WITH YOUR PROGRAM OF STUDY?

2. INTERNSHIP LEARNING OUTCOMES

Complete the chart below and review with the University Internship Supervisor and Company Internship Representative. Determine the types of deliverables to submit to the University Internship Supervisor and due dates (examples include blog, excel spreadsheet, PowerPoint).

*Include a **Final Presentation** that summarizes Internship Learning Outcomes, demonstrates the knowledge and skills learned, and provides learning reflections. The Final Presentation will occur during the last two weeks of the Quarter and be presented to the University Community.*

LEARNING OUTCOMES <i>By the end of this Internship, I will have learned to . . . (List specific knowledge and/or skills you expect to gain)</i>	DELIVERABLES <i>List assignments that will demonstrate that you have achieved the Learning Outcomes.</i>	% VALUE	DUE DATE

Method of Assignment Delivery. *I will submit my reports via:*

- | | | |
|-----------------------------------|--|---------------------------------------|
| <input type="checkbox"/> Drop Box | <input type="checkbox"/> Moodle | <input type="checkbox"/> Powerpoint |
| <input type="checkbox"/> Email | <input type="checkbox"/> Social Media Platform | <input type="checkbox"/> Other: _____ |

3. COURSE TEXT AND MATERIALS

List text, materials, equipment, and transportation needed to successfully complete the Internship.

4. TIME COMMITMENT

To earn three (3) units of credit, a minimum of 90 hours is required for this Internship.

PROVIDE A WEEKLY TIMELINE FOR THE 10 WEEKS OF STUDY AT APPROXIMATELY 9 HOURS PER WEEK. FOR EXAMPLE, A WEEK MIGHT INCLUDE 2 HOURS READING INSTRUCTION MANUALS AND THE TEXT AND WATCHING ONLINE TUTORIALS, 2 HOURS WORKING ON ASSIGNMENTS, AND 6 HOURS WORKING ONSITE. BE SURE TO INCLUDE IN THE SCHEDULE, MEETING DATES WITH THE COMPANY INTERNSHIP REPRESENTATIVE AND UNIVERSITY INTERNSHIP SUPERVISOR TO DISCUSS PROGRESS AND THE FINAL PRESENTATION.

WEEK	TIME COMMITMENT AND LOG OF EVENTS	SUPERVISOR MEETING DATES
1		
2		
3		
4		
5		
6		
7		
8		
9		
10		

5. LATE CONSEQUENCES

I have identified late consequences with my Instructor:

Student's Initial I understand that each assignment's value will be lowered ____% for each week the assignment is late.

Student's Initial I understand that the final project must be submitted by the last day of the quarter to receive credit.

6. SIGNATURES

STUDENT: NAME _____ SIGNATURE _____ DATE _____

UNIVERSITY INTERNSHIP SUPERVISOR: NAME SIGNATURE _____ DATE _____

DIRECTOR OF CAREER SERVICES: NAME _____ SIGNATURE _____ DATE _____

REGISTRAR: NAME _____ SIGNATURE _____ DATE _____

PROVOST: NAME _____ SIGNATURE _____ DATE _____

Distribution.

A copy of this Internship Packet will be distributed to the supervising instructor after all signatures have been received.

▪ INTERNSHIP AGREEMENT ▪

BETWEEN

&

INTERN NAME

COMPANY NAME

In exchange for the opportunity to study the practices of and gain hands-on experience with

_____, I, _____:
COMPANY NAME INTERN NAME

- Agree to comply with the office routines of the business and follow any reasonable instructions that I may be given.
- Understand that my status at the company is:
 - That of an employee who is compensated for my activities at the company. **OR**
 - Is not that of an employee and I will not be compensated for my activities at the company.
- Will hold the Company and its employees blameless for any personal injury that I might experience during the period I choose to be an unpaid intern at their office.
- Agree that I will advise the Company of, and may decline to participate in, any activity for which I am not confident or qualified to perform.
- Acknowledge and accept responsibility for my own acts and will hold the Company blameless should my conduct lead to the physical injury or property damage of others.
- Understand that I will be reimbursed for any personal funds I expend for approved company expenses during my internship.
- Acknowledge that any information/projects/material and the like that I become privy to in the course of my internship or as a consequence of my internship shall be maintained in the strictest confidence, and I shall not divulge/release/otherwise allow the information to be made known to any person/persons who otherwise are not eligible to partake of such information.
- Shared Internship Proposal with the Company Internship Representative.

INTERN: NAME

SIGNATURE

DATE

UNIVERSITY INTERNSHIP SUPERVISOR: NAME SIGNATURE

DATE

COMPANY INTERNSHIP REPRESENTATIVE: NAME SIGNATURE

DATE

DIRECTOR OF CAREER SERVICES: NAME SIGNATURE

DATE

REGISTRAR: NAME SIGNATURE

DATE

PROVOST: NAME SIGNATURE

DATE

▪ INTERNSHIP MEMORANDUM OF UNDERSTANDING ▪

BETWEEN

JOHN PAUL THE GREAT CATHOLIC UNIVERSITY & _____

COMPANY NAME

John Paul the Great Catholic University (JPCU) is interested in promoting the benefits of an Internship arrangement for all parties involved. This Internship Memorandum of Understanding describes the mutual responsibilities between JPCU and [COMPANY]. The purpose of this document is to describe and define expectations and responsibilities of both parties regarding an Internship to be performed at the site by a currently enrolled JPCU Intern.

Name(s) of Company: _____

Company Internship Representative: _____

A. Responsibilities of John Paul the Great Catholic University

1. Certify the Intern's eligibility to participate in an Internship.
2. Establish guidelines for Internship Programs and make these guidelines available to the Company Internship Representative.
3. Identify a University Internship Supervisor who will:
 - a. Work with the Intern to develop learning outcomes.
 - b. Monitor the achievement of the identified learning outcomes on a weekly basis and the completion of the deliverables for class credit.
 - c. Measure the achievement of the learning outcomes.
 - d. Maintain communication with the Company Internship Representative.
4. Encourage the student's productive contribution to the company.
5. Maintain the confidentiality of any information designated by the Company Internship Representative as confidential.
6. Provide general liability insurance as may be required for each participating Intern.

B. Responsibilities of the Company Internship Representative

1. Provide a John Paul the Great Catholic University (JPCU) Intern with a challenging and meaningful learning experience that will promote his/her professional development and achievement of learning outcomes.
2. Provide adequate supervision and guide the Intern through a minimum of 90 hours of work within the Quarter.
3. Determine if the Internship is a volunteer or paid position.
4. Communicate to the Intern the philosophy, policies, programs and services of the organization.
5. Define the organization's expectations of the Intern.
6. Integrate the Intern as a functioning participant in appropriate levels of organizational activities, projects and programs. A specific project could be undertaken and evaluated.
7. Notify JPCU personnel of any changes in the intern's work status, schedule, or performance.
8. Submit an evaluation of the Intern's work at the end of the quarter to the Intern's University Supervisor. This evaluation is required for the successful completion of the Internship.
9. Maintain general liability, professional liability, and worker's compensation insurance as required by law.

C. Duration of Agreement

This Memorandum of Understanding shall continue from _____ to _____.
An Internship may be reviewed due to dissatisfaction. Following a discussion, if satisfactory resolution cannot be achieved, termination may be requested by JPCU or the Company.

UNIVERSITY INTERNSHIP SUPERVISOR: NAME SIGNATURE

DATE

COMPANY INTERNSHIP REPRESENTATIVE: NAME SIGNATURE

DATE

▪ INTERNSHIP PACKET COMPLETION CHECKLIST ▪

- Identify an internship with the following qualities:
 - Learning Outcomes
 - 90+ hours expectation
 - Fits within program

- Choose and confirm a University Internship Supervisor (UIS) to advise you throughout the internship. A UIS can be a full-time or adjunct faculty member, or staff member with a Master's degree.

- Complete and collect the following for approval by your UIS:
 - Internship Overview
 - Learning Outcomes
 - Time Commitment
 - Reporting System

- Complete and collect signatures for Internship Proposal

- Complete and collect signatures for Internship Agreement

- Complete and collect signatures for "Add Form"

- Turn in completed and signed Internship Packet to Career Services who will distribute a copy to UIS and Registrar's office. The Registrar's office will process the form and assign a course code for the Internship.