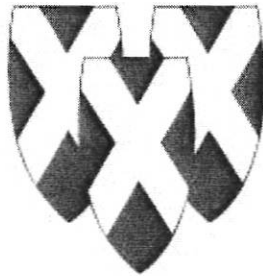


Academic Internship



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Internship Agreement

for

Name of Student

Semester / Year

STUDENT CHECK LIST:

- ☐ Secure internship site
- ☐ Obtain approval of site supervisor
- ☐ Complete Measurable Learning Objectives
- ☐ Obtain approval of faculty sponsor and division chairperson
- ☐ Submit all complete materials to director of internships by the deadline
- ☐ Submit material to Registrar's Office

OFFICE USE ONLY:

- ☐ Date Submitted
- ☐ Approved
- ☐ Not approved
- ☐ Prefix and Number _____
- ☐ Number of Credit Hours _____
- ☐ Site supervisor/faculty sponsor
- ☐ Evaluation sent to site supervisor
- ☐ Evaluation to faculty sponsor



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INTERNSHIP AGREEMENT

Student

TO BE COMPLETED BY STUDENT – PLEASE PRINT OR WORD PROCESS

Student: _____

Cell Phone Number: _____

Email: _____

Cumulative GPA: _____ Number of credit hours EARNED: _____

(If the GPA is below 2.5, a request for an exception to the institutional policy must be included with the application.)

Term you intend to register for the internship: *(check one)*

___ Fall *(entire semester)*

___ Spring *(demi-semester I only)*

___ Fall *(demi-semester I only)*

___ Spring *(demi-semester II only)*

___ Fall *(demi-semester II only)*

___ Summer

___ Spring *(entire semester)*

___ Other _____

Off-campus address and phone number during internship (if applicable):

Faculty Sponsor: _____

Work Phone: _____ Fax: _____

Email: _____

Internship Site Supervisor: _____

Supervisor's Title: _____

Internship Site & Location *(name of organization, address, City, & State):* _____

Work Phone: _____ Fax: _____

Email: _____



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INTERNSHIP AGREEMENT

SITE SUPERVISOR

TO BE COMPLETED BY SITE SUPERVISOR – PLEASE PRINT OR WORD PROCESS

Internship Site (name and mailing address of organization, agency or business):

Date of the Internship: _____ to _____

Internships schedule: Hours per week _____

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday

**Chart can be used towards making a schedule or an agreement of hours and days a week, the Intern and Site Supervisor initially agree on.*

Stipend or compensation for student (if any): _____

What training/orientation will be provided for the intern?

Actual duties and responsibilities to be performed by the student during the internship?

Please be as specific as possible

The evaluation of the student intern's performance by the site supervisor is a key component in the academic internship process. Your signature will indicate that the following will be used to evaluate the intern's performance:

- observation of student's work
- feedback to student
- completion of evaluation form (*provided on page 5 and*) at end of internship
- consultation with faculty sponsor or director of internships, as appropriate
- other: _____

Name of site supervisor: _____
PLEASE PRINT

Signature of site supervisor: _____

Date

Signature of student: _____

Date



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MEASURABLE LEARNING OUTCOMES **(MLOs)**

The written objectives or learning outcomes should clearly describe what you intend to learn during your internship. Work with your site supervisor and faculty sponsor to **develop three or four MLOs.**

- Each measurable learning outcome or objective should have three components:
 - A. **Learning Outcome:** *What do I want to learn?*
 - B. **Activities/Resources:** *How am I going to learn it?*
 - C. **Evaluation/Verification:** *How am I going to demonstrate what I learned?*

All of the MLOs should be written in detail on a separate page and turned the Internship form. Your name must appear on the page with the MLOs.

(Please replace the following sample page with the MLOs for this internship.)

Your site supervisor and faculty sponsor must review the MLOs before you submit them with your application materials.

The signatures below indicate acceptance of the MLOs by all parties involved.

Student's signature

Date

Site Supervisor's signature

Date

Faculty Sponsor's signature

Date

At the end of the term of the internship, the site supervisor will rate how well you have accomplished the measureable learning outcomes. Your site supervisor will evaluate how well you achieved each of the learning objectives by assigning a percentage figure (0-100%). A copy of the MLOs will be sent with the evaluation form.



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SAMPLE MEASURABLE LEARNING OUTCOMES

For: Student's Name

NOTE: This page should be replaced by the applicant's own MLO's.

1. **Learning Outcome:** *Inter (Miss Stumberg) will become familiar with the most current and cutting edge treatment options for various injuries found in hunter/jumper show horses. She will learn the application and uses of equine pharmaceuticals and other remedies.*

Activities/Resources: *Intern will work 6-day weeks of up to 12 hour days and be on call always. She will assist Dr. Gamboa in all aspects of standard veterinary procedures. She will be present at all of the horse shows at which Dr. Gamboa is the on-site vet and will have first-hand experience with evaluation, diagnostic procedures, and treatment options for a variety of different disorders.*

Evaluation/Verification: *Intern will keep a daily journal of all cases taken and procedures performed. Her logs will include history, evaluation, diagnosis, treatment, and prognosis of each horse which comes into the Gamboa clinic.*

2. **Learning Outcome:** *Intern will be exposed to modern radiographic technology and be taught how to properly read X-rays, ultrasounds, etc.*

Activities/Resources: *Intern will be assisting Dr. Gamboa in radiographic procedures, learning how to operate the machinery and also how to diagnose problems by evaluation of the diagnostic imagery.*

Evaluation/Verification: *Intern will log copies of aforementioned diagnostic imagery in her journal, in which she will describe the abnormalities and issues shown by the radiograph or ultrasound.*

3. **Learning Outcome:** *Intern will develop a systematic approach to diagnosing various equine injuries and abnormalities. She will be exposed to a large number of horses with various problems due to Dr. Gamboa's frequent travel and his position as a horse show vet.*

Activities/Resources: *Intern will be shadowing Dr. Gamboa at all times. She will follow him on barn calls, to shows, and keep her horses at his personal farm so as to get as much experience as possible. She will get a first-hand experience of the true experience of being a vet.*

Evaluation/Verification: *Along with completing her journal, the intern will also complete four case studies relating to the quine patients treated. They will include the encountered scenario as well as extensive research on the injury or disease of the horse in question.*



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INTERNSHIP AGREEMENT FACULTY/DEPARTMENT SPONSOR

TO BE COMPLETED BY FACULTY SPONSOR – PLEASE PRINT OR WORD PROCESS

Student: _____ Term: _____

Faculty Sponsor: _____

Phone #: _____ Fax #: _____

Email: _____

Major or Department granting credit: _____ Level of Internship: ☐ 295 ☐ 395 ☐ 495

Number of credits received: ☐ 1 (50+ contact hours) ☐ 2 (100+ hours) ☐ 3 (150+ hours)
☐ 4 (200+ hours) ☐ 5 (250+ hours) ☐ 6 (300+ hours)

How will the credit earned during the internship be used:

☐ Major hours

☐ Elective hours

Has the student satisfied all prerequisites for starting an internship?

☐ Yes

☐ No

What additional academic work will constitute the internship? *(Check all that apply.)*

Please indicate as specifically as possible the expectations you have for the student. For example: number/frequency of journal entries, length of reflective paper, scope of portfolio/presentation, etc.

☐ **Journal** _____

☐ **Reflection paper (guidelines provided by Internship Director)** _____

☐ **Report of presentation at conclusion** _____

☐ **Assigned reading** _____

☐ **Portfolio** _____

☐ **Other** _____



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FACULTY/DEPARTMENT SPONSOR AGREEMENT

(Continued)

What will be the nature of the communication between the faculty sponsor and the student during the internship and before the final grade is established?

Be certain to indicate how frequent the communication should occur and if the student is responsible for initiating the communication.

____ Phone/fax discussions/email

____ Regular meetings

____ Site visit when possible

How will the grade for the internship be determined? (Please use percentages to indicate the weight of each component used.)

Evaluation of site supervisor _____ %

Final presentation _____ %

Reflection paper _____ %

Portfolio _____ %

Journal _____ %

Other (_____) _____ %

100%

Signature of the student
(indicating acceptance of responsibilities associated with the internship)

Date

Signature of the faculty sponsor
(indicating approval of the internship)

Date

Signature of the department chairperson or designee
(indicating approval of the internship)

Date

Signature of the academic internship director

Date

Professor Corinne L. Nicholson

Director of the Academic Internship Program

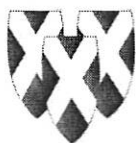
St. Andrews University

1700 Dogwood Mile

Laurinburg, NC 28352

Phone: (910) 277-5249; Email: CLN@sa.edu

Fax: (910) 277-5746 or (910) 277-5020



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Academic Internship Measurable Learning Outcomes (MLO's)
SAMPLE ASSESSMENT

For: Student's Name

The Learning Outcomes for the student are detailed on a separate sheet of paper.

Please rate on a scale of 0 to 100%

<u>#1 Learning Outcome</u>	<u>Comments</u>	<u>Score</u>
<u>#2 Learning Outcome</u>	<u>Comments</u>	<u>Score</u>
<u>#3 Learning Outcome</u>	<u>Comments</u>	<u>Score</u>
<u>#4 Learning Outcome</u>	<u>Comments</u>	<u>Score</u>
<u>Additional Comments and or Advice:</u>		

Form completed by (print name): _____

Signature: _____ Date: _____

Please complete and return using the enclosed envelope if mailed, return via FAX to (910) 277-5746, or return via email to Internships@sa.edu. Your prompt attention will allow the student to receive academic credit for this valuable learning opportunity.



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Academic Internship Performance Appraisal: SAMPLE

For: Student's Name

Please rate on a scale of 1 to 10, with 1 as complete failure and 10 as perfection.

<u>Quantity of Work</u>	<u>Comments</u>	<u>Score</u>
<u>Quality of Work</u>	<u>Comments</u>	<u>Score</u>
<u>Cooperation</u>	<u>Comments</u>	<u>Score</u>
<u>Initiative</u>	<u>Comments</u>	<u>Score</u>
<u>Dependability</u>	<u>Comments</u>	<u>Score</u>

If the student were to continue on this career path what could they improve on?

Form completed by (print name): _____

Signature: _____ Date: _____

Please complete and return using the enclosed envelope if mailed, return via FAX to (910) 277-5746, or return via email to Internships@sa.edu. Your prompt attention will allow the student to receive academic credit for this valuable learning opportunity.