## Heartland Community College

# Internship Approval Form

*This form must be filled out completely before submitting for approval.*

### Student and Course/Internship Information

Student Name: Student E-mail: Click or tap here to enter text.

Student ID: Click or tap here to enter text. Student Phone: Click or tap here to enter text.

Faculty Advisor: Click here to enter text. Program of Study: Click here to enter text.

Course Number: # Hours of Work to be completed: Choose an item. Internship Begin Date: Click or tap to enter a date. # Credit Hours: Choose an item.

Internship Begin Date: Click or tap to enter a date. # Credit Hours: Choose an item.

Internship End Date: Click or tap to enter a date. Semester: ☐Fall ☐ Spring ☐Summer

*Students must be up to date with their tuition bill prior to beginning an internship. Payment status will be verified prior to the internship being approved. I have confirmed that I am not delinquent on my tuition bill (initial) _____*

### Internship Site & Site Supervisor Information

Worksite Supervisor Name: Click or tap here to enter text. Worksite Supervisor Title: Click or tap here to enter text.

Worksite Supervisor E-mail: Click or tap here to enter text. Worksite Supervisor Phone: Click or tap here to enter text.

Name of Worksite: Click or tap here to enter text. Internship Worksite Website: Click or tap here to enter text.

Street Address: Click or tap here to enter text.

City: Click or tap here to enter text. State: Click or tap here to enter text. Zip: Click or tap here to enter text.

### Agreement Information

The **Student** agrees to:

- Represent Heartland Community College in a professional manner.
- Follow the policies and procedures of the internship worksite.
- Complete the full number of hours of work required.
- Receive feedback from the worksite supervisor and faculty advisor as the tasks of this internship are completed.
- Submit weekly reports, a final report, and other documentation as needed to the faculty advisor in Canvas.

Student Initials _____

The **Site Supervisor** agrees to:

- Provide the student with a valuable learning experience, including direction, feedback, and mentorship throughout the duration of the internship.
- Host the faculty advisor for a worksite visit.
- Contact the faculty advisor should an issue arise.
- Complete an evaluation of the student at the conclusion of the internship.
- Pay the student $_____ per hour.

Worksite Supervisor Initials _____

The **Faculty Advisor** agrees to:

- Provide the student with guidance and support throughout the internship.
- Provide the student with feedback after each weekly report in Canvas.
- Visit the student while they are working at the internship worksite at least once during the internship and speak with the worksite supervisor via phone at least twice.

- Evaluate the student's performance in conjunction with the worksite supervisor and provide verbal and written feedback to the student.

Faculty Advisor Initials _____

## Internship Outcomes (should be at least three for each)

The objectives of this internship are:

Click or tap here to enter text.

The tasks the student will perform to meet the objectives of this internship are:

1. Click or tap here to enter text.

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If a problem arises while the student is interning, the Student and Worksite Supervisor shall attempt to resolve it. If this is not possible, the student and/or Worksite Supervisor shall contact the Faculty Advisor who will attempt to facilitate a resolution. Ultimately, the Worksite Supervisor has the right to terminate the student for an appropriate cause. If this occurs, the student will not be given credit for the internship, nor will the student receive a refund if it is past the refund date. These conditions are agreed to by the undersigned. This agreement may be altered if all parties consent.

Student's Signature Date:

Worksite Supervisor's Signature Date:

Faculty Advisor's Signature Date:

Associate Dean's Signature Date:

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***Records Office Use Only***

Class Number: Associate Dean, ID:

Processed by: Faculty Advisor's ID:

Date processed and student contacted (via HCC email):

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