

EXTERN/INTERN PROGRAM
Biology Department
University of Colorado at Colorado Springs

STUDENT APPLICATION FORM

Name _____ Date _____

Address _____ Phone _____

Home Address _____

Major and Concentration _____

Credits completed _____ GPA _____

Adviser's Approval _____ Date _____

Cooperator: Name _____

Address _____ Phone _____

STATEMENT of why you want to be involved in this program and what you expect to gain from it. **Be specific.**

FINANCIAL ARRANGEMENTS WITH COOPERATOR. (If paid by cooperator, indicate amount and the amount and kind of work directly related to the pay.)

DATES to be involved in the program from _____ to _____

Indicate arrangements for **days and hours** to be involved and expected time off.

Attach a copy of **anticipated experiences** (worked out with cooperator). List experiences by weeks or experiences with time involved. **Be as specific as possible.**

EXTERN/INTERN PROGRAM
Biology Department
University of Colorado at Colorado Springs
MEMORANDUM OF AGREEMENT

Student Name _____

Cooperator Name _____

Address _____ Phone _____

In charge of Student's Program:

Cooperator _____

On-Campus Staff Member _____

Time Involved _____

Educational Experience and Program:

A final report summarizing the total program will be submitted by the student. The format for the report should be determined in conjunction with the on-campus member prior to beginning the externship. The final report, when approved by the on-campus staff member, will be given to the department head.

EXTERN/INTERN PROGRAM
Biology Department
University of Colorado at Colorado Springs

UNIVERSITY LIABILITY STATEMENT

I understand that the University has worked with the cooperator to develop an internship which meets the University criteria. Therefore, if the student intern successfully completes the EXTERN/INTERN PROGRAM, appropriate credit will be granted by the University. However, the daily managerial control and working conditions of the EXTERN/INTERN PROGRAM are handled and are under the sole direction of the cooperator. Consequently, the University does not have nor can it assume any liability relative to the protection of the individual intern.

In light of the above, you are urged to review with the cooperator what employee benefits are made available to the intern, i.e., health and accident insurance, workmen's compensation, and liability insurance. If adequate benefits are not available, you may wish to make your own arrangements.

Signature, Student Intern

Date

EXTERN/INTERN PROGRAM
Biology Department
University of Colorado at Colorado Springs

Credits and Evaluation:

_____ number of credits will be permitted upon the successful completion of the program. Grading will be the responsibility of the on-campus staff member. A final evaluation will be held toward the end of the student's program which hopefully will involve the student, the cooperator, and the on-campus staff member.

Other:

APPROVED:

Student _____ Date _____

Adviser _____ Date _____

On-Campus Staff Member _____ Date _____

Cooperator _____ Date _____

Department Head _____ Date _____

EXTERN/INTERN PROGRAM
 Biology Department
 University of Colorado at Colorado Springs

STUDENT'S FINAL EVALUATION

Name _____ Date _____

A. Evaluation of your personal characteristics:

Using the rating scale, evaluate your performance while involved in the program. If you felt you made noticeable improvement in any of the characteristics since the beginning of the program, also check Column 2.

Rate Scale: 1 = Excellent 2 = Very Good 3 = Average
 4 = Fair 5 = Unsatisfactory

Characteristics	Rating	Check if improved since the beginning of the program
Ability to learn	_____	_____
Interest in learning	_____	_____
Speed of completing responsibilities	_____	_____
Ability to perform without supervision	_____	_____
Willingness to receive guidance	_____	_____
Relationships with other employees	_____	_____
Dependability and reliability	_____	_____
Judgment	_____	_____
Personal appearance	_____	_____
Enthusiasm	_____	_____
Courtesy	_____	_____
Overall performance	_____	_____

B. General Questions:

1. In considering your total program, what were the strong points?

weak points?
2. Would you recommend a similar experience for other students who might follow you? Why or why not?
3. Did you truly feel that you were justified in receiving university credit for this experience? Why or why not?
4. Other comments:

Student's Signature _____ Date _____

EXTERN/INTERN PROGRAM
 Biology Department
 University of Colorado at Colorado Springs
COOPERATOR'S FINAL EVALUATION

Student's Name _____ Date _____

A. Rating of student characteristics:

Using the rating scale, please evaluate the following characteristics for the above-named student. If the student made noticeable improvement in any of the characteristics during his/her program, also check Column 2.

Rate Scale: 1 = Excellent 2 = Very Good 3 = Average
 4 = Fair 5 = Unsatisfactory

Characteristics	Rating	Check if improved since the beginning of the program
Ability to learn	_____	_____
Interest in learning	_____	_____
Speed of completing responsibilities	_____	_____
Ability to perform without supervision	_____	_____
Willingness to receive guidance	_____	_____
Relationships with other employees	_____	_____
Dependability and reliability	_____	_____
Judgment	_____	_____
Personal appearance	_____	_____
Enthusiasm	_____	_____
Courtesy	_____	_____
Overall performance	_____	_____

B. General Questions:

1. Beginning Wage _____ Final Wage _____
 Did this student earn the wages he received?

2. What characteristics did you like most about this student?

3. In what ways can the student improve himself/herself?

4. Do you have complete confidence in this student's honesty?

5. Other comments:

Cooperator's Signature _____ Date _____

Position _____

EXTERN/INTERN PROGRAM
Biology Department
University of Colorado at Colorado Springs

ON-CAMPUS STAFF MEMBER'S FINAL EVALUATION

Student's Name _____ Date _____

1. In considering the student's total program, what were the strong points?

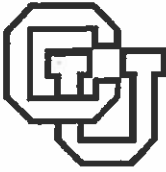
weak points?

2. Would you recommend a similar experience for other students? Why or why not?

3. Are we justified in giving university credit for such a experience? Why or why not?

4. Suggestions for improvement and other comments:

On-Campus Staff Member's Signature _____ Date _____



CERTIFICATE OF INSURANCE REQUEST FOR ACADEMIC INTERNSHIP



(Student Name)

(Internship Provider)

Internship Start Date: ___/___/___

Internship End Date: ___/___/___

Internship Supervisor: _____ Telephone: (____) _____

Internship Work Address: _____
(street address)

(city, state, zip)

Academic Department: _____ Telephone: (____) _____

Academic Sponsor: _____ Telephone: (____) _____

Course Name & Number: _____ Academic Credits: _____

Does the provider pay the student during the period of the internship? YYY/NNN

Does the provider pay for Workers' Compensation coverage for the student? YYY/NNN

Health Insurance Coverage: () Self () Student Health () Parents/spouse () Other

Provider name: _____

Policy Number: _____

Expiration Date: _____

I have discussed requirements for reporting an accident or injury while on the job at the internship site with UCCS Department of Public Safety/Risk Management.

(student signature) _____ / ____ / ____
(date)