



## Part 1: Application

### A. Demographic Information

This section is to be filled out by the student once the off-campus internship has been identified and an On-Campus Coordinator has been contacted. The On-Campus Coordinator is typically the Biology Department Associate Chair. Alternative faculty members of the biology department may choose to coordinate internships with approval of the Biology Department Chair or Associate Chair.

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

Student ID: \_\_\_\_\_ UCCS Email: \_\_\_\_\_ Phone: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Major: \_\_\_\_\_ Credits Completed: \_\_\_\_\_ GPA: \_\_\_\_\_

Semester of Internship: \_\_\_\_\_ Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_

Academic Advisor: \_\_\_\_\_ Advisor's Email: \_\_\_\_\_

On-Campus Coordinator: \_\_\_\_\_ Email: \_\_\_\_\_

Off-Site Organization Name: \_\_\_\_\_

Off-Site Organization Address: \_\_\_\_\_

Off-Site Organization Website (If Available): \_\_\_\_\_

Off-Site Supervisor: \_\_\_\_\_ Email: \_\_\_\_\_

Off-Site Supervisor Phone: \_\_\_\_\_

## B. Internship Plan

This section is to be filled out by the student with input from the Off-Site Supervisor and the On-Campus Faculty Coordinator. This must be completed prior to the start of the internship and before signatures are obtained in the Memorandum of Agreement (Part 4).

**Statement of Intent:** Describe how this program fits into your specific academic and career goals. Outline how this experience will further your development as a student.

**Financial Arrangements with Off-Site Organization:** If paid by off-site organization, indicate the amount and kind of work related to the pay. If internship has associated costs, explain those here.

**Schedule:** Overview regular arrangements for days and hours to be involved in the internship. Include (1) any expected time off negotiated with the Off-Site Supervisor and (2) total number of hours for the internship. **See guidelines in section C below for how internship hours correspond to credit hours.**

**Anticipated Learning Goals and Experiences:** Create a bulleted list of anticipated learning outcomes, experiences, or activities as worked out with the Off-Site Supervisor. Make the list as specific as possible

**Assessment:** Describe a plan for how achievement of learning goals will be evaluated at the conclusion of the semester. Include specific details on how and when such assessment will take place. The most common example is a final written report prepared by student the submitted to the On-Campus Coordinator no later than the first day of Finals Week in the indicated semester.

### C. Credits Requested

This section is to be filled out by the student with input from the Off-site Supervisor, the On-Campus Faculty Coordinator, and their Academic Advisor. Students may request 3-6 credits in *BIOL 4710 Externship in Biology* per semester. The number of credits you request must reflect the goals and schedule detailed in the Internship Plan above and *vice versa*

- As a guideline, 3 hours per week for 15 weeks is equal to 3 course credits. 2 hours per week for 15 weeks would be 2 course credits. 1 hours per week for 15 weeks would be one course credit. The periodicity may vary, but the overall number of hours needs to match these guidelines.
- A maximum of 8 credit hours taken in BIOL 9400 (Independent Studies) and BIOL 4710 (Externships) count toward the major.

Grading will be the responsibility of the On-Campus Coordinator in consultation with feedback from the Off-Site Supervisor.

**Credits requested:** \_\_\_\_\_

### D. Duties and Responsibilities of Off-Site Supervisor

- Meet with the intern regularly to evaluate performance and provide constructive feedback
- Help intern achieve learning goals as listed above by providing meaningful work and opportunities
- Submit your evaluation of the student upon completion of internship or no later than the final day of classes
- Communicate with On-Campus Coordinator if any issues arise
- Other: \_\_\_\_\_

### E. Memorandum of Agreement

Obtain signatures from the Off-Site Supervisor and your On-Campus Faculty Coordinator before starting the internship.

**Student:** \_\_\_\_\_ **Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Off-Site Supervisor:** \_\_\_\_\_ **Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**On-Campus Coordinator:** \_\_\_\_\_ **Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_



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UNIVERSITY RISK MANAGEMENT

PLEASE FILL IN ALL BLANKS &  
PRINT REQUIRED INFORMATION

**CERTIFICATE OF INSURANCE FOR ACADEMIC EXPERIENCE PLACEMENT**

STUDENT NAME (PLEASE PRINT) \_\_\_\_\_ / / START / / END

\_\_\_\_\_ CHECK:  INTERNSHIP  PRACTICUM  FIELD EXPERIENCE  CLINICAL  ISS \*

MAJOR  
Biology \_\_\_\_\_ ( 719 ) 255 -3266  
ACADEMIC DEPARTMENT TELEPHONE

ACADEMIC SPONSOR  
Externship in Biology \_\_\_\_\_ ( ) \_\_\_\_\_  
BIOL 4710 TELEPHONE

COURSE NAME \_\_\_\_\_ COURSE NUMBER \_\_\_\_\_ ACADEMIC CREDITS \_\_\_\_\_

PLACEMENT PROVIDER (COMPANY NAME) \_\_\_\_\_

PLACEMENT SUPERVISOR \_\_\_\_\_ ( ) \_\_\_\_\_  
TELEPHONE

WORKSITE STREET ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

During the placement, does the Work Site  Pay the student?  Provide Workers' Compensation?  
*Your personal health insurance is required for your placement site should you be injured, or get ill,  
under circumstances **NOT** covered by workers' compensation.*

**Personal Health Insurance:**  Self  Student Health  Parents/spouse  Other  None

HEALTH INSURANCE PROVIDER NAME \_\_\_\_\_

POLICY NUMBER \_\_\_\_\_ / / \_\_\_\_\_  
EXPIRATION DATE

**RISK MANAGEMENT**

This information is provided to support your academic field placement experience. These guidelines are important and should be used in the event you or injured or become ill "on the job: at your placement site.

- **Please remember to observe safe work practices at your placement site.**
  - If you are hurt **and it is an EMERGENCY:** get treatment at the nearest emergency room, then contact *UCCS RISK MANAGEMENT* {[urmuccsdirs@cu.edu](mailto:urmuccsdirs@cu.edu); (c) 719-313-8688; (o) 719.255.3525} **as soon as possible and prior to any follow-up treatment.**
  - To activate coverage if you are injured within the course and scope of your placement/internship:
    - **Within four (4) days of the injury, AND prior to treatment,** contact *UCCS RISK MANAGEMENT* {[urmuccsdirs@cu.edu](mailto:urmuccsdirs@cu.edu); (c) 719-313-8688; (o) 719.255.3525}
    - You must be referred to one of the designated medical providers for treatment.
    - This should prevent you from incurring out-of-pocket expenses related to the injury.
- PLEASE CONTACT UCCS RISK MANAGEMENT {[urmuccsdirs@cu.edu](mailto:urmuccsdirs@cu.edu); (c) 719-313-8688; (o) 719.255.3525} DIRECTLY IF YOU HAVE ANY FURTHER QUESTIONS, OR WANT CLARIFICATION.*

**I HAVE READ AND UNDERSTAND THIS INFORMATION.**

SIGNATURE \_\_\_\_\_ / / \_\_\_\_\_  
DATE

\* **INTERNATIONAL STUDENTS:** PLEASE OBTAIN RISK MANAGEMENT INITIALS \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_



## Part 2: Evaluation by Off-Site Supervisor

This section is to be filled out the by the Off-Site Supervisor at the conclusion of the internship period. Please duplicate this form if more than one professional is supervising the intern. Please email your evaluation to the On-Campus Coordinator by the final day of classes for the indicated semester.

### A. Summary of Internship Experience

**Describe the nature of the work or project the student was involved with at your organization.**

**List the skills, techniques, and abilities the student has learned under your supervision**

### B. Evaluation

Rate the student's performance against the following criteria. Place a mark (X) in the category that best corresponds to your evaluation of the student.

	Excellent	Good	Fair	Poor	Not Observed
Preparation for internship duties					
Ability to work independently					
Ability to follow directions					
Quality of work performed					
Motivation and enthusiasm for learning					
Attendance during schedule hours					
Ability to work with others					

What letter grade (A, B, C, D, F) would you assign the student for their internship work? \_\_\_\_\_

**From your perspective, in which areas could the student most improve? In which areas did the student demonstrate greatest learning or strengths? Provide any additional feedback here to illustrate the ratings you provided above.**

**C. Signature**

**Off-Site Supervisor:** \_\_\_\_\_ **Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_



### Part 3: Evaluation by Student

This section is to be filled out the by the student at the conclusion of the internship period. Submit to the On-Campus Coordinator no later than the final day of classes for the semester indicated in your application. Late submissions will results in a grade of Incomplete.

#### A. Summary of Internship Experience

**Describe the nature of the work or project you were involved with during your internship**

**List the specific skills, techniques, and abilities you acquired during your internship. Be as detailed as possible to capture your learning during the internship. Describe any deviations from your original plan outlined in your application.**

**How did this experience inform your academic or career goals? Reflect on how this internship fits into your development as a student.**

## B. Self-Evaluation

Rate your own performance against the following criteria. Place a mark (X) in the category that best corresponds to your evaluation.

	Excellent	Good	Fair	Poor	Not Observed
Preparation for internship duties					
Ability to work independently					
Ability to follow directions					
Quality of work performed					
Motivation and enthusiasm for learning					
Attendance during schedule hours					
Ability to work with others					

**Explain the self-evaluation above from your own perspective. In which areas could you most improve? In which areas did you have the greatest learning or strengths? Provide any additional feedback here to illustrate the ratings you provided above.**

## C. Evaluation of the Off-Site Organization

**Would you recommend a similar internship at this organization for future students? Explain the strengths and weaknesses of this opportunity.**

## C. Signature

Student: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_