POLICIES AND PROCEDURES AGREEMENT FORM

Please sign and return to the Internship Coordinator with your completed internship application.

Your signature indicates that you have read, understand and will abide by the policies and procedures described here.

Signature: ______________________________________________ Box #: __________
Printed Name: __________________________________________ Graduation Date: ________
Clark Email: _________________________________ Current Phone: _______________

I grant Career Services permission to share contact information, concerning my internship site, with fellow students and members of the Clark community.

Please circle one: YES  NO

Please note:
Important correspondence regarding your internship will be sent to you via your Clark email account. Please be sure to check it regularly.
CLARK UNIVERSITY
Career Services

UNDERGRADUATE ACADEMIC INTERNSHIP APPLICATION

NOTE: All fields must be complete for the internship to be considered for credit.

Your application must be reviewed and signed by your faculty sponsor, site supervisor, and Career Services. International students must have the Director of International Students sign this form after the internship has been approved by Career Services.

Student Name: ___________________________________________
Major: ____________________________ Citizenship: ☐ U.S. Citizen ❑ International Student
GPA: ___________ Year of Graduation: ______________ (please attach a copy of your most recent transcript)
Have you completed another internship for credit? ______ When? (semester, year) ______________________
Campus Box: ______________ Email: _____________________________________________________________
Address during internship: _______________________________________________________________________
City: ________________________ State: __________ Zip: ____________
Phone: (_____) ___________________ Fax: __________________

Sponsoring Organization

Name of Organization: ______________________________________
Site Supervisor: __________________________________________________________________________________
Title & Department: ________________________________________________________________________________
Street Address: ____________________________________________________________________________________
City: _________________________________________________________ State: ___________ Zip: ____________
Phone: (_____) ____________________ Fax: __________________
Website: __________________________ Email: __________________________

Faculty Sponsor (full-time instructional faculty)

Name: __________________________________
Department: __________________________ Phone: (_____) ________________________________
Email: ___________________________ Fax: ______________________

Internship

Your job title at the internship, if any: __________________________
Internship Session: ☐ Fall ‘_____ ☐ Spring ‘_____ ☐ Summer ‘_____ Hours Per Week: ____________
Start Date: ______________ End Date: ________________ Total # of Weeks: ____________
Major/Concentration in which to register your internship ________________________________
Number of units requested: _______ (1 unit requires a minimum of 140 total hours; 2 units a minimum of 280 total hours)
Faculty Sponsor  (Your signature indicates you have met with the student to discuss the proposal and units requested, reviewed the assigned tasks, read the internship proposal, and understand that the grade you assign will convert to a credit/no credit format)

X____________________________________________________  Date: __________________________

Site Supervisor  (Your signature indicates you have agreed to sponsor a CLARK UNIVERSITY undergraduate internship and will abide by the undergraduate policies and procedures.)

X____________________________________________________  Date: __________________________

Student  (Your signature indicates that you have read and will abide by the internship policies, understand that the grading system is credit/no credit, and have read the following statement and agree to the terms stated.)

“Clark University does not knowingly approve internship opportunities which pose undue risks to their participants. However, any internship or travel carries with it potential hazards which are beyond the control of the University and its agents or employers.”

X____________________________________________________  Date: __________________________

Clark Career Services Internship Coordinator  (Your signature indicates that the student has read the internship policies and procedures, submitted all application materials, and met with their faculty sponsor prior to approval.)

X____________________________________________________  Date: __________________________

Non-immigrant international students who plan to secure an internship in the U.S. must consult with and have this proposal signed by the Director of the International Students & Scholars Office.

International Students
Director  ________________________________  Date  __________

Management Majors must have GSOM’s Director of Program Management & Planning

Assistant Dean, Academic Affairs, GSOM  ________________________________  Date  __________
INTERNSHIP PROPOSAL

Consult with your agency supervisor and faculty sponsor to identify your site and academic responsibilities. The proposal is typically one or two pages and must address the following five components of your internship. It should be **typed in essay format**. The first four parts of the proposal can be completed before you approach a faculty sponsor; however, the academic component section will be completed after your faculty sponsor has agreed to sponsor you and an academic component has been discussed.

The proposal has five components:

1. **Name** of the agency and geographic location, (city, state, and zip code)

2. A **description** of the agency and the department in which you will work.

3. **Specific Tasks**: Please provide as much detail as possible when discussing your responsibilities and/or special projects. What individual activities will you engage in?

4. **Preparation**: List all relevant courses, completed or in process, and/or extracurricular/work experience that have prepared you for this internship. Identify the learning you expect will take place in your internship, discuss skills you will develop, theories you will apply, and/or knowledge you hope to gain.

5. **Academic Component**: Your faculty sponsor will evaluate the success of the internship from an academic perspective. Please outline the academic component of this experience. Example: “I will be working with Professor ____ (full-time faculty member) to complete a weekly journal, read three journal articles on advertising in society, and a final research paper of 8-10 pages in length.”

   - The academic component can take several forms ranging from a number of short papers to a major research report to an artistic portfolio or videotape. There is certainly room for creativity on your part. Advertising interns, for example, often do mock ad campaigns; human services interns can present case studies; and brokerage interns might put together several mock portfolios, researching and evaluating the stocks chosen. Although many faculty assign a journal as one method of evaluation, a journal alone is not sufficient. There must be one or more additional projects/assignments that can be evaluated.

   - Your final project should be equivalent to an 8-10 page paper for a one-unit internship and an 18-20 page paper for a two-unit internship.
Internship Sponsor Agreement Form

Student Intern Name: _______________________________________

Sponsoring Organization
Name: ___________________________________________________________
Street Address: ______________________________________________________________________
City: _______________________________________________ State: ______ Zip: ___________
Phone: ( ____ ) __________________________ Fax: ( _____ ) __________________________
Website: ______________________________________________

Supervisor
Name: ____________________________________________________
Title: ___________________________ Department: ______________________________
Phone: ( ____ ) __________________________ Fax: ( _____ ) __________________________
Email: ________________________________________________

Does your company have a safety program, or documented policies and procedures relating to safety within your company? □ Yes □ No

Do you have a safety-training program? □ Yes □ No

Is your company/organization insured? □ Yes □ No

If possible, please forward to Clark University Career Services a Certificate of Insurance covering the period of the student’s work assignment.

Signature: ___________________________________________________ Date: ________________
Clark University  
Career Services  
*Internship Hours Tracking Sheet*

**Student Name:** _______________________________

**Internship Site:** ______________________________

**Email:** _______________________________

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**Total Number of Hours:** _______________________________

**Site Supervisor’s signature:** _______________________________

**Date:** _____________

**To the Student Intern:** Please return this form to Career Services, signed by your supervisor, before the last day of classes (before final exams) during the semester you are receiving credit. If it is during the summer, you may fax it to 508-793-7189.