CLARK UNDERGRADUATE INTERNSHIP

POLICIES AND PROCEDURES AGREEMENT FORM

Your signature below indicates that you have read, understand, and agree with the Policies and Procedures found on the PDF document at the Clark Internship url:


Signature: ______________________________________________ Box #: __________

Printed Name: ____________________________________ Graduation Date: ________

Clark Email: ____________________________________________

Please note: important correspondence regarding your internship will be sent to you via your Clark email account. Please be sure to check it regularly while on internship.

Current Phone: ________________
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: ___________________________________________ SSN: ___________________________________________

Major: ___________________________________________ Citizenship: □ U.S. Citizen □ International Student

GPA: _________ Year of Graduation: ______________________

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)
SIGNATURES

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.