

HARDING

Internship Pre-Approval Form

Submit to the Registrar's Office by the beginning of the internship term (*June 1st for summer internships*)

Your Name: _____
H Number: _____
Email: _____
Phone: _____
Instructor: _____
Semester & Year Enrolled: _____

CRN: _____
Course Subject & Number: _____
Course Title: _____
Credit Hours: _____
Internship Start Date: *(mm/dd/year)* _____
Internship End Date: *(mm/dd/year)* _____

Internship Details

Sponsoring Business or Organization: _____

Mailing Address: _____

On-site Supervisor & Title: _____

Email: _____ Phone: _____

Description of position, expected responsibilities, and mandatory academic criteria:

Internship Authorization

► **On-site Supervisor:** By signing, I agree to supervise and evaluate the student named above during the stated internship period.

On-site Supervisor's Signature _____ Date _____

► **Instructor:** By signing, **(1)** I certify that this student meets our departmental/college prerequisites, **(2)** I will be responsible for the administrative duties regarding this internship.

Instructor's Signature _____ Date _____

► **Dean or Department Chair:** By signing, I approve this internship according to the terms stated above.

Dean or Department Chair's Signature _____ Date _____

► **Student:** By signing, I agree to meet the terms of this internship, as stated above.

Student's Signature _____ Date _____

YES **NO** I use federal loans to pay tuition and request that summer internship tuition charges be delayed until the fall semester when those federal funds are available.

YES **NO** I am a National Merit or Trustee Scholar.

REV042019

Internship Evaluation Form

Please return this form to the department or instructor

Student's Name: _____

Internship Start Date: *(mm/dd/year)* _____

H Number: _____

Internship End Date: *(mm/dd/year)* _____

Sponsoring Business or Organization: _____

Mailing Address: _____

On-site Supervisor & Title: _____

Email: _____

Phone: _____

Instructions

Frequent performance reviews are encouraged throughout the internship period. This form is intended to be completed by the on-site supervisor near the end of the term and should be discussed with the intern. It is the student's responsibility to ensure that the completed form is returned to the appropriate faculty member in a timely manner. Please attach additional documentation if required.

Skills

Check the appropriate response

1. Possesses necessary technical knowledge and skill
2. Adapts to change work assignments and situations
3. Able to cooperate and work with other people

Exceeds Standards	Meets Standards	Needs Improvement	Below Standards
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please comment on the student's skills: (strengths or weaknesses)

Performance

Check the appropriate response

4. Listens and carries out instructions
5. Works effectively without close supervision
6. Meets deadlines and schedules
7. Produces acceptable *quality* of work
8. Produces acceptable *quantity* of work
9. Demonstrates ability to make decisions appropriate help
10. Shows problem-solving ability

Exceeds Standards	Meets Standards	Needs Improvement	Below Standards
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please comment on the student's performance: (strengths or weaknesses)

Internship Evaluation Form

Please return this form to the department or instructor

Attitude

Check the appropriate response

11. Accepts responsibility and is a self-starter

Exceeds
Standards

Meets
Standards

Needs
Improvement

Below
Standards

12. Exhibits interest and enthusiasm about job

13. Maintains appropriate dress and grooming habits

14. Maintains good attendance

15. Adheres to organizational regulations

Please comment on the student's attitude: (strengths or weaknesses)

Additional comments

On-site supervisor's overall evaluation of student's performance (please check one)

Exceptional Performance. Student exceeded all expectations.

Very Good Performance. Student performed as well as or better than expected.

Average Performance. Student performed satisfactorily, though some improvement is needed in one or several areas.

Marginal Performance. Student requires substantial improvement in one or several key areas.

YES **NO** The internship evaluation has been discussed with the student. (recommended)

Supervisor's Signature

Date

Supervisor's Name (please print)