

1. OBTAIN **SIGNATURES** FROM THE SITE SUPERVISOR AND FACULTY SPONSOR
2. **REGISTER** FOR THE CORRECT INTERNSHIP COURSE (Faculty Sponsor approval required)
3. **SUBMIT COMPLETED CONTRACT TO THE CDO** NO LATER THAN THE FIRST WEEK OF THE INTERNSHIP

To be completed by the **STUDENT** (*signature required on page 2*)

Student's Full Name _____ Fredonia ID _____

Major _____ Concentration/Minor _____

Current G.P.A. _____ Cr. Hrs. Completed _____ Previous Intern Cr. Hrs. Earned _____

Place of Residence during Internship _____ City _____ State _____ Zip Code _____ Area Code / Phone _____

Student's E-mail _____

Student Acknowledgment: (please check all to confirm participation in an in-person or remote internship)

I understand that I am choosing to fulfill my internship through an in-person internship and accept the associated risk.
 I agree to comply with all safety regulations at my internship site including guidance set forth by the Department of Health, which may include wearing Personal Protective Equipment (PPE/masks) at the internship site.
 I understand that if I violate the safety policies at my internship site I may be dismissed from the site and/or my program and be subject to a code of conduct violation at SUNY Fredonia.
 I have been informed that I may choose to complete the applied portion of my program curriculum at a later date and/or offered alternative remote projects/assignments to fulfill program requirements (Reference CDO [Career Readiness Opportunities](#)).
 I understand that if I choose not to complete an in-person internship at this time, or I become uncomfortable at the internship site, that I can notify the college and alternative assignments will be made. The faculty sponsor must be consulted prior to or within 24 hours of this decision.

OR

I am participating in a **virtual/remote internship**, and have reviewed the components of the [Virtual Internship Policy](#).

To be completed by the **SITE SUPERVISOR - ORGANIZATION** (*signature required on page 2*)

Student's Internship Title _____

Dates of Internship from ____/____/____ to ____/____/____ Number of Weekly Internship Hours _____

Organization Name _____ Organization Website _____

Organization Address _____ City _____ State _____ Zip Code _____ Area Code / Phone _____

Site Supervisor _____ Site Supervisor's E-mail _____

Compensation: Unpaid Paid \$ _____ Stipend Hour Week Month Semester Other _____

Site Supervisor Acknowledgment:

I will follow all state and local health protocols to take reasonable and appropriate measures to protect the health and safety of interns to ensure they are receiving the same PPE and safety instructions as staff.

To be completed by the **FACULTY SPONSOR** (*signature required on page 2 for approval to register for credit*)

Faculty Sponsor _____ Campus Address/Bldg./Room _____ E-mail _____ Area Code / Phone _____

Student Registration: Dept., Course No.(s), Sect.(s) _____ Cr. Hrs. _____

Internship Term: Fall _____ Spring _____ SS1 _____ SS2 _____ Extended Sum _____ Winter _____

Grading System: S/U Letter Mid-term Evaluation Due Date: _____ Final Evaluation Due Date: _____

Faculty Sponsor Acknowledgment:

I have discussed internship alternatives including postponement and/or supervised workplace activities that are remote-based opportunities related to the student's major or career area of interest that integrate classroom learning and theory with practical application in a professional setting. Reference CDO [Career Readiness Opportunities](#).

(Continued)

JOB REQUIREMENTS (SITE SUPERVISOR/STUDENT): After consulting with your Site Supervisor, list what you are expected to do in your position. Be specific. * **Virtual/Remote Options** – consider the necessary implementation protocols to be addressed; daily email check-ins, weekly phone or video conferencing, invitations to staff meetings, professional development or training opportunities, and remote access to files, or other required information. Reference CDO [Career Readiness Opportunities](#).

1. _____

2. _____

3. _____

4. _____

5. _____

EDUCATIONAL OBJECTIVES (STUDENT/FACULTY): After consulting with your Faculty Sponsor, state clearly what you want to learn from this experience in terms of the application of theory or method of inquiry, acquisition of professional knowledge, development of specific skills, career exploration, etc. Be sure attainment of your objectives can be documented. (Attach additional sheets if necessary) * **Consider the ways in which you will become skilled, connected, creative & responsible.**

1. _____
2. _____
3. _____
4. _____
5. _____

METHOD OF EVALUATION OF EDUCATIONAL OBJECTIVES (FACULTY/STUDENT): Specific requirements for evaluation will be developed by the faculty sponsor. These may be written journals, logs, papers, and Site Supervisor evaluations. Other types of evidence may also be used, such as photographs, conferences with your Faculty Sponsor, and samples of work from the internship site. * **How will you prove that you are skilled, connected, creative and responsible?**

Evaluation Requirements

Date Due

- | | | |
|----|-------|-------|
| 1. | _____ | _____ |
| | _____ | _____ |
| 2. | _____ | _____ |
| | _____ | _____ |
| 3. | _____ | _____ |
| | _____ | _____ |
| 4. | _____ | _____ |
| | _____ | _____ |
| 5. | _____ | _____ |
| | _____ | _____ |

ACCEPTANCES (Electronic signatures or email confirmation may be accepted):

Student _____ Date _____

Site Supervisor _____ Date _____

Faculty Sponsor _____ Date _____

Internship Coordinator (CDO) _____ Date _____