Internship Requirements  
(For-Credit Internships)

An internship is a form of experiential learning that integrates knowledge and theory learned in the classroom with practical application and skills development in a professional setting. Internships give students the opportunity to gain valuable applied experience and make connections in professional fields they are considering for career paths; and give employers the opportunity to guide and evaluate talent.  (National Association of Colleges and Employers, June 2012)

Centre College Internship Requirements (if receiving academic credit):

- The student must be a junior or senior and have at least 54 credit hours by the start date of the internship.
  Exceptions may be approved by the Associate Dean in rare circumstances.
- To earn three (3) credit hours of course credit for INT 400, the student must work a minimum number of hours:

<table>
<thead>
<tr>
<th>Term</th>
<th>Minimum Hours</th>
<th>Start Date</th>
<th>End Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fall Term</td>
<td>156 hours</td>
<td>September 6-December 6, 2013</td>
<td></td>
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<tr>
<td>CentreTerm</td>
<td>140-160 hours (35-40 hours per week for 4 weeks)</td>
<td>January 6-31, 2014 (These dates may be flexible.)</td>
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<tr>
<td>Spring Term</td>
<td>156 hours</td>
<td>February 5-May 13, 2014</td>
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For students wishing to earn less than three credits, please talk to your career counselor about options for the academic year and for summer.

- The internship is graded on a credit/no-credit basis. The credit may not be applied toward any major or minor requirements, but may be applied to the total number of credits needed for graduation. The grade will not factor into a student’s GPA.
- The final grade will be based on the completion of all required internship hours, the academic components, and any paperwork required by Career Services (timecards, evaluations, etc.), as well as a satisfactory final evaluation completed by the site supervisor.

How to Complete the Internship Contract:

- All sections (including the Statement of Responsibility and Health Insurance form) must be complete before the contract can be approved by the Career Services Representative (Mindy Wilson) or the Associate Dean (Dr. Glazier-McDonald).
- The Internship Title should be descriptive, yet succinct, as it will be the title of your internship on your transcript.
- The first three signatures must be obtained before Career Services will sign the contract.
- Actual signatures are required on both the contract and Statement of Responsibility. Signatures will be accepted if they have been scanned or faxed. No typed-in or written names will be accepted.
  - Students may use the Career Services fax machine or scanner to obtain signatures if needed.
  - Students who are abroad should speak to the director of the abroad program about access to a fax machine or scanner to obtain signatures. If no fax machine or scanner is available to the student through the program, please use a local Kinko’s or other copy store to obtain signatures. Another option is to use a scanner app on your smart phone—JotNot is a free app for iPhones and Scan to PDF Free is a free app for Android that will create a high-resolution photo that can be saved to your photo albums and emailed directly from your phone.

Questions? Contact your counselor: 
Deb Jones, deb.jones@centre.edu, (859) 238-5286
Joy Asher, joy.asher@centre.edu, (859) 238-5284
Mindy Wilson, mindy.wilson@centre.edu, (859) 238-8792
General Responsibilities of the Parties

A. The **STUDENT** will have the following responsibilities:
   a. Work on the days and times agreed upon with the supervisor.
   b. Complete all assignments, tasks and projects at the internship site in a timely manner.
   c. Conform to the regulations and dress code of the internship organization.
   d. Maintain confidentiality of internship organization.
   e. Notify supervisor of planned absences before internship takes place.
   f. Notify Career Services immediately should any problems arise during the course of the internship, including concerns regarding lack of substantive work assignments.
   g. Complete the required time cards and evaluations and submit to Career Services at the end of the internship.
   h. Complete academic readings and assignments and turn in to faculty mentor by Friday, December 6 (Fall); Tuesday, January 28 (CentreTerm); and Tuesday, May 13 (Spring).

B. **CENTRE COLLEGE CAREER SERVICES** will have the following responsibilities:
   a. Monitor the internship for quality assurance as it relates to both the intern and internship site.
   b. Ensure that at least 70% of the intern’s time is spent on substantive projects.
   c. Provide organization/supervisor with student evaluation forms.
   d. Provide students with internship site evaluation forms.
   e. Provide faculty with copies of all completed evaluations.
   f. Notify student of obligations and monitor students’ compliance during the course of the internship.
   g. Act as liaison between the student, faculty mentor and internship supervisor and assist in resolving any problems that might arise during the course of the internship.
   h. Organize the end-of-term presentations.

C. The **ORGANIZATION/SUPERVISOR** will have the following responsibilities:
   a. Comply with all state and federal labor laws.
   b. Provide a working environment which allows the student to gain experience relevant to the field.
   c. Provide regular feedback to students through regular meetings and email.
   d. Provide the intern with a schedule comprised of no less than 70% substantive work.
   e. Provide the intern with a desk, computer and/or other necessary tools in order to effectively complete internship responsibilities.
   f. Provide the intern with information regarding the internship site policies and procedures regarding dress code; professional, legal and ethical behavior; emergency preparedness, etc.
   g. Notify Career Services in a timely and reasonable manner if any problems arise, particularly those that might result in the dismissal/termination of the intern.
   h. Evaluate the student’s performance at mid-term and at the end of the internship and submit the evaluation form to Career Services. Approve and sign time cards provided by Centre College to the intern at mid-term and at the end of the semester.

D. The **FACULTY MENTOR** will have the following responsibilities:
   a. Work with the student to develop internship objectives and the academic component tying the internship experience to the student’s academic goals. The academic component must be an integration of the academic readings and work experience. At least two relevant books/articles/etc. should be assigned, and the written component must total at least eight (8) pages in length.
   b. Check in with the student regularly through meetings and email.
   c. Read and evaluate all written material.
   d. Attend the student’s final presentation.
   e. Assign the final grade for the internship.
CENTRE COLLEGE INTERNSHIP CONTRACT  
(for credit internships)

All sections of this contract MUST be filled out completely in order to be approved. Please type or print clearly.

Student name ____________________________________________

Student ID number ________________________________________

Campus address __________________________________________

________________________________________________________________________

Cell phone ________________________________

Phone (during the internship term) ________________________________

Major(s) ____________________________  ____Junior  ____Senior

Graduation Year ________________

Internship title ____________________________________________

Number of credits _______

Will you be paid?  Yes  No  How much?_________

Will you be living on- or off-campus during your internship? _________________

Organization ____________________________  Phone number ____________

Address ____________________________________________

On-site Supervisor ________________________________________

Supervisor’s Title ________________________________________

Supervisor’s E-mail Address ________________________________________

Faculty Mentor ____________________________  Phone Number ____________

Academic Program ________________________________________

Term of internship:  Fall_____  CentreTerm_____  Spring_____  Summer____

Brief Description of Duties (to be completed by the student and the on-site supervisor)

________________________________________________________________________

________________________________________________________________________
Because an internship is intended to be an academic learning experience as well as a professional one, it is important that tangible objectives be listed. These objectives should be specific and measurable. They will be part of the evaluation at the end of the term.

Objectives:

A. __________________________________________________________

B. __________________________________________________________

C. __________________________________________________________

Evaluation will be based on each of the following (To be completed by faculty mentor):

1. The student’s oral presentation at the end of the internship.
2. The student’s work performance.
3. Attendance at all required meetings.
4. An academic component that must be an integration of the academic readings and work experience to consist of: (Please be specific about the assignment including topic(s). Final written product must be a minimum of 8 pages total.)

Internship schedule: Generally, a student will maintain a regular schedule of days and times to attend the internship. There will be exceptions to these established times as your internship may require the attendance at an event or meeting. Please note your expected days and times of attendance. Fall and Spring terms require 12 hours per week and CentreTerm requires 35-40 hours per week for 4 weeks.
Regularly scheduled internship days: ________________________________

Regularly scheduled internship hours: ________________________________

Employer Intern Meetings: Specific times during the term should be set aside for the supervisor and student to come together for feedback, evaluation of progress and projection toward the remaining part of the term. Such meetings should take place at least once every two weeks, although more frequent meetings would be ideal.

Tentative frequency of employer-intern meetings: ____________________________

REQUIRED READINGS:
Experiential education is a means of learning in which the student integrates academic theory and traditional methods of inquiry with actual experience in the field. It is important that the student enriches his/her work experience through significant reading. We ask the student, the on-site supervisor, and the faculty mentor to develop a reading list of pertinent books, materials, journal articles, etc. that will support the student’s inquiry during the internship. Please make a list of those resources that will be used:

Organizational Supervisor:
1. Title/Author: ______________________________________________________
2. Title/Author: ______________________________________________________

Faculty Mentor:
1. Title/Author: ______________________________________________________
2. Title/Author: ______________________________________________________

SUPERVISION AND CONTROL OF WORK
All parties agree that the employer sponsor will supervise the work of the student intern undertaken pursuant to this internship and that the employer sponsor will be responsible for the service or product provided to its clients or customers.

Signatures of Approval
(please obtain the signatures in the order in which they appear below)

Student ______________________________________________________________
On-Site Supervisor ______________________________________________________
Faculty Mentor _________________________________________________________
Career Services Representative ____________________________________________
Associate Dean of the College ___________________________ Date ________
(Once signatures are obtained, the contract should be delivered to the Registrar’s Office by the student)
STATEMENT OF RESPONSIBILITY AND AUTHORIZATION
RELEASE, AND INDEMNIFICATION AGREEMENT

I, __________________________, am a student at Centre College (the “College”). I desire to participate in the College’s internship program for the ___________ term of 20___ (the “program”). I acknowledge that my participation in the Program is wholly voluntary and I agree to all the terms and conditions of contained in this document (and those incorporated within this document), without which agreement the College would not be willing to allow my participation.

1. **Conduct Agreement.** I acknowledge that I have read and hereby agree to abide by all the rules of conduct as stated in the Centre Student Handbook. I further acknowledge that such rules, including those related to drugs and alcohol are applicable to students in Centre-Sponsored programs off-campus. The College Internship and Outreach Coordinator has the full authority to act on behalf of the College in enforcing rules and behavior suitable to making the educational experience worthwhile for all concerned. I am aware that, since I will be identified with the College and that my behavior reflects back upon the College, I must behave responsibly. I acknowledge that any disciplinary action taken against me may include termination of my participation in the Program, in addition to any other actions provided for in the Student Handbook.

2. **Independent Travel.** I agree that if I engage in travel, I will assume full responsibility for my own safety.

3. **Changes.** I acknowledge that the College reserves the right to make changes to the Program at any time and for any reason, with or without notice, and that the College shall not be liable for any loss whatsoever to participants by reason of such cancellation or change. I will be responsible for any additional expenses resulting from such changes.

4. **Insurance.** I represent that I am and will be adequately covered throughout the Program by a policy of comprehensive health and accident insurance, providing coverage for injuries and illnesses sustained. I have provided the information required on the Health Insurance Attachment included with this document.

5. **Additional Expenses.** Any unusual expense or obligation incurred by me or on my behalf by the College or its agents will be paid or reimbursed by me promptly. I acknowledge that costs for me to be sent home as a result of moral, legal, or disciplinary problems constitute an unusual expense in this Program.

6. **Release and Indemnification.** READ CAREFULLY—YOU ARE WAIVING IMPORTANT RIGHTS. I, individually, and on behalf of my heirs, assigns, and personal representatives, hereby release and forever discharge, and agree to indemnify and hold harmless, the College and its employees, agents, officers, and trustees (individually and in their official capacities) from and against any and all liability whatsoever for any and all damages, losses, or injuries (including death) including but not limited to any claims, demands, judgements, damages, expenses, and costs (including attorney’s fees), which arise as a result of or connected in any manner to my participation in the Program. I further acknowledge that the College will not be responsible or accept liability for the
actions of third parties, such as Employer Sponsors, airlines, hotels, or common carriers, which cause me loss, damage, or injury, or for circumstances beyond its reasonable control, such as inclement weather, acts of God, or accidents.

7. **Other Acknowledgements.** In signing this Statement of Responsibility and Authorization; Release and Indemnification Agreement, I hereby acknowledge that I have read this entire document, that I understand its terms, that I will abide by each of the terms and conditions, that by signing it I am giving up substantial legal rights I might otherwise enjoy, and I have signed it knowingly and voluntarily.

*** Students must sign. Parent or guardian must also sign if the student is under 21 years of age.***

____________________________  ____________  __________________
Signature of student  Printed name  Date

____________________________  ____________  __________________
Signature of parent or guardian  Printed name  Date
Health Insurance Attachment

Health Insurance Carrier

__________________________________________________
Carrier’s Name

__________________________________________________
Address

__________________________________________________
Telephone Number

__________________________________________________
Policy Number

__________________________________________________
Student’s Name

Please note: You should check with your insurance carrier concerning your coverage while you’re interning.

☐ If you DO NOT have health insurance, please check this box and complete the STUDENT HEALTH INSURANCE ACKNOWLEDGEMENT AND WAIVER (See Career Services for this form.)