

# CAS 4800: Internship

**Instructor:** Varies by Department.

**Credit Hours:** 1-9 (credit hours for a given iteration of this course will be set by the academic unit offering the course, using the formula of 50 hours of work equals 1 academic credit hour as a general guideline).

## **Catalog Course Description:**

Internship experience offered through individual academic departments and programs within the College of Arts and Sciences as needed.

## **Extended Description:**

CAS 4800 is a course which provides departments with a CAS Internship option for such programs that have need of it (and it fulfills some of the function that the recently eliminated UNIV 4000 course filled for the university). Academic departments and/or programs within the CAS who do not have their own internship course may use this course in order to offer internship experiences to their students. Departments or programs may also use this course to extend internship experiences to students who might not meet for whatever reason the prerequisites for the program-specific internship course(s) in the academic unit in question. Or, Department/Programs may use this course as a way to extend internship opportunities to students who may have already maxed out available internship hours within their respective majors.

## **Grading and Course Assignments:**

Grades of S or U will be assigned by the Department-specific faculty member who is responsible for the course. That faculty member will be responsible for overseeing student placement, for evaluating the student's work for the course, for establishing any Department-specific learning objectives and any required assignments for the course, for producing a syllabus and all other related forms and paperwork related to the course, and for coordinating these efforts with the designated internship site supervisor.

**Learning Outcomes:** Department-specific objectives will be established by the academic unit offering the course, but they will include at minimum the following in some fashion...

- Interns will be able to utilize knowledge acquired in the classroom to acquire advanced skill development in the workplace setting
- Interns will gain first-hand knowledge of professionalism in the workplace
- Interns will understand the connectivity between responsibilities defined by the job description and standards of assessment

## **Forms and Contracts:**

It will be the responsibility of each Department using CAS 4800 to establish whatever forms are necessary for the proper implementation of the internship. A sample of the forms which may be used for CAS 4800 are given below.

**CAS 4800 –Internship Contract**

NAME: \_\_\_\_\_ / \_\_\_\_\_ University ID #: \_\_\_\_\_  
Print Signature

University of Memphis E-Mail Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Academic Major: \_\_\_\_\_

CAS 4800–Internship **Check one:** Credit-Hours: \_\_\_ 3 (150 work hours) \_\_\_ 6 (300 work hours)

Credit is requested for: \_\_\_ Fall \_\_\_ Spring \_\_\_ Summer 20\_\_\_ semester.

**Proposed Internship Partner**

**(business/nonprofit /govt. organization)** \_\_\_\_\_

Internship Partner Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Internship Site Supervisor: \_\_\_\_\_

Internship Site Supervisor Email: \_\_\_\_\_ Phone: \_\_\_\_\_

Internship will begin \_\_\_\_\_, 20\_\_\_ and end \_\_\_\_\_, 20\_\_\_ (Use the best estimates.)

Provide a brief description below of the proposed Internship and its value to your overall course of study.

Internship Site Supervisor: \_\_\_\_\_ / \_\_\_\_\_ Date: \_\_\_\_\_

Print

Signature

I have met with my academic advisor. This course will count as \_\_\_\_\_ towards my degree completion plan.

Academic Advisor: \_\_\_\_\_ / \_\_\_\_\_ Date: \_\_\_\_\_

Print

Signature

APPROVED:

Experiential Learning Lab Faculty \_\_\_\_\_ / \_\_\_\_\_ Date: \_\_\_\_\_

Print

Signature

## CERTIFICATION OF INTERNSHIP DUTIES

(This document is to be completed by the internship supervisor **ONLY** if the intern is employed by your business/organization outside of the internship opportunity)

An employee of \_\_\_\_\_

Name of Internship Partner (Business/Organization)

\_\_\_\_\_ 's

Name of Intern

**Customary compensated job duties are:**

Listed below are the specific duties to be completed by:

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Name of Intern

Between \_\_\_\_\_ 20\_\_\_\_\_ and \_\_\_\_\_ 20\_\_\_\_\_ to fulfill  
Beginning month and day Ending month and day

the requirements of the internship contract with the University of Memphis.

**Internship Duties:**

**Internship Site Supervisor:**

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Print or Type

Signature

Date

## STUDENT LEARNING OBJECTIVES:

*(This document should be completed by the intern and returned to the office of the student's major **prior** to getting your permit issued)*

1. Describe the steps you took to secure this internship position.

3. Learning Objectives – List 5 learning objectives that are unique to your goals and this internship opportunity. Please see page 2 for examples.

4. What activities or projects will you be responsible for at your internship? Be specific.

5. What academic and/or professional background have you had to prepare you for this internship? For example, have you attended any professional development workshops, held previous work or volunteer experiences.

# CAS 4800- Internship Log of Hours Form

Name of Organization: \_\_\_\_\_

<b>Date</b>	<b>Internship Hours Worked</b>	<b>Describe Duties or Projects completed</b>




**Internship Site Supervisor (Signature):** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Student (Signature):** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Faculty Advisor (Signature):** \_\_\_\_\_ **Date:** \_\_\_\_\_

**CAS 4800 Internship**

**Student's Mid-Term Evaluation**

Name: \_\_\_\_\_

University ID#: \_\_\_\_\_

Name of Internship Site Supervisor: \_\_\_\_\_

Internship Location: \_\_\_\_\_

1. Identify new knowledge, skills or attitudes you have acquired in your internship.

2. Describe successful activities or accomplishments in your internship.



**CAS 4800 Internship**

**Student's Final Evaluation**

Name: \_\_\_\_\_ University ID#: \_\_\_\_\_

Name of Internship Site Supervisor: \_\_\_\_\_

Internship Location: \_\_\_\_\_

As you reflect on your internship experience, circle the most appropriate number.

Strongly                      Strongly  
Agree                         Disagree

I was well prepared to assume my internship responsibilities.                      5      4      3      2      1

I was conscientious about fulfilling the requirements of my internship.                      5      4      3      2      1

The quality of my work was consistently excellent.                      5      4      3      2      1

I effectively communicated during the internship .                      5      4      3      2      1

I exercised appropriate initiative and leadership skills during the internship.                      5      4      3      2      1

In general, I demonstrated positive personal

and professional traits during the internship.

5

4

3

2

1

**Attach the answers to the following questions below to this evaluation.**

1. List 3 specific examples of courses you have taken that have best prepared you for your internship. Include the instructor's name. Be specific.

2. What are the 3 most important things you learned at your internship? Be specific.

3. Has this internship prepared you for your future career? Why or why not?

4. What was your favorite thing about your internship and what was your least favorite thing?

**Student**

\_\_\_\_\_ / \_\_\_\_\_

Print or Type

Signature

Date

**Faculty Member's Evaluation**

Internship Contract

**To be prepared after work is completed.**

Student's Name: \_\_\_\_\_ University ID#: \_\_\_\_\_

Semester Completed: \_\_\_\_\_ Grade: \_\_\_\_\_

Title of Internship: \_\_\_\_\_

\_\_\_\_\_

Faculty member's comments on student's performance: \_\_\_\_\_

**Faculty Member:**

\_\_\_\_\_ / \_\_\_\_\_

Print or Type

Signature

Date

**RELEASE OF LIABILITY AND HOLD HARMLESS AGREEMENT**

**CAS 4800**

I, \_\_\_\_\_, have decided to participate in the University of Memphis Academic Internship Program. I hereby acknowledge that participating in the Academic Internship Program is entirely voluntary.

I understand that the Academic Internship Program is in association with community partners to facilitate an internship site. I am responsible for the selection of my internship site which may involve certain potential risks, hazards and conditions that may be dangerous to life, limb and property and that can arise in an incalculable variety of unforeseen or foreseeable ways which may include: bodily injury, loss of limb, death or property damage. I am voluntarily participating in the Academic Internship Program with knowledge of the dangers involved. I have reached the age of majority, and I am competent to make this decision for myself, or, if I am a minor, I have obtained the permission of a parent or legal guardian.

I am not suffering from any medical condition, impairment, or disease that would prevent my safe participation in any of the activities associated with the Academic Internship Program. I have disclosed any and all of my medical conditions to the administrators of the Academic Internship Program. I will take care for my own safety and well-being. I have not been advised by a physician or any other health care provider to limit my participation in activities such as the Academic Internship Program. I assume responsibility for my participation in the Academic Internship Program and any injuries while participating in the program.

In consideration of the right to participate in the University of Memphis Academic Internship Program, I agree to assume the risks involved and I acknowledge that such risks may include, but not be limited to, bodily injury and/or death and/or property damage, and hereby collectively and individually release and agree to hold harmless the University of Memphis, its Board of Trustees, officers, employees, agents, representatives, volunteers and assigns ("Releases") from all rights, claims, demands and damages of any kind, known or unknown, existing or arising in the future resulting from or related to my participation in the Academic Internship Program. This release will also prevent my family from suing releases and binds my spouse, if I have one, my estate, siblings, parents, heirs, personal representatives and assigns.

The undersigned has read and understands this Release and Hold Harmless Agreement in its entirety and voluntarily signs same, without reliance on any representations, statements or inducements, express or implied, made by any party whomsoever.

\_\_\_\_\_ Date \_\_\_\_\_  
Name Signature

\_\_\_\_\_ Date \_\_\_\_\_  
Date of Birth Signature of Parent or Guardian (if less than 18 years of age)