ABLE Internship Program

Document your Internship
Document Your Internship

**In this section:**
- Rules and Policy sign off sheet
- Agreement Disclosure & Certification
- ABLE Program Application
- Internship Job Description form
- Learning Goals & Objectives Agreement
- Credit Agreement

The following blank forms are the documents you must complete and return to the ABLE office to request enrollment in the ABLE crediting course.

**Instructions and documentation order:**

1. Begin this section with signing the Rules and Policy Form
2. Sign the Agreement, Disclosure & Certification Form
3. Complete the Business Internship Student Application Form
4. Complete & Sign the Goals & Objectives Agreement (It’s a good idea to do this with your site supervisor!)
5. Sign your section of the Credit Agreement Form
6. Have your Employer:
   a. Complete the Internship Job Description form
   b. Sign the Goals & Objectives Agreement
   c. Complete & Sign their section of the Credit Agreement Form
7. Sign your section of the Credit Course Registration
8. Visit with the Chair of your major – request that they sign their section of the Credit Agreement Form
9. Submit your handbook with the completed paperwork, approved by your department chair to the ABLE office.
   a. An email will be sent to your SU (student) account requesting you pick up your handbook along with the information you need to enroll in your 490 course.
   i. Permission number, name of 490 instructor/faculty, 1st class meeting/orientation info.
ABLE- Rules and Policies

READ THE RULES AND POLICIES – SIGN AT THE BOTTOM OF THE PAGE.

With regard to the internship:

- Adhering to the rules and policies of the ABLE program is a necessary component of satisfying your ABLE requirement for graduation.
- Once you have committed to an internship and submitted the documentation agreements you must stay with that internship organization for the duration of the semester.
- You cannot quit your internship.
- If you experience problems you are required to contact the ABLE office or your seminar faculty immediately.
- You must remain at your internship site for 10 weeks regardless of the number of hours you work each week.
- You must uphold appropriate standards of ethical and professional conduct.
- It is your responsibility to completely read ABLE agreements before you sign them.
- An approved internship within your current place of employment is a special consideration and must be clearly documented as work that is separate from normal work assignments and applicable to your major.

With regard to the internship course:

- Successful completion of the internship course is a necessary component of satisfying your ABLE requirement for graduation.
- You must be registered for the internship course during the semester you are an intern to receive credit (You cannot intern in the summer then register for the fall course).
- There are registration deadlines posted each semester – there will be no registration past these deadlines.
- You are required to maintain contact with your assigned seminar faculty throughout the semester.
- You will complete all assigned coursework in a timely manner.
- If you register for a Web-based internship course you will arrange reliable access to a computer and the internet within the first two weeks of the semester.

I have read the above rules

__________________________________________  _____________
Student signature     date
ABLE Internship Agreement, Disclosure, and Certifications
(This is a release... please read carefully and understand details before signing)

I, ______________________________ (student ID# _________________________)
am a student in the Perdue School of Business at Salisbury University and plan to
undertake an internship during the (check one) _____ Fall _____ Spring _____ Summer
Semester, 20____ at the following organization: ____________________________

The Perdue School of Business at Salisbury University itself does not control the
way in which the internship work experience and the internship site is structured or
operates. In granting academic credit for this internship, the College affirms that, to the
best of its judgment, the experience is an appropriate curricular option for students in
the business school and worthy of The Perdue School of Business at Salisbury
University credit. The college makes no other assurances, expressed or implied, about
any travel and/or living arrangements the student has made. The Perdue School of
Business at Salisbury University does not knowingly approve internship opportunities
that pose undue risks to their participants. However, any internship or travel carries
with it potential hazards which are beyond the control of the college and its agents or
employees. In signing this Agreement, I acknowledge my responsibility to ascertain the
nature of those risks to the best of my ability and to conduct myself with reasonable
care.

INSURANCE COVERAGE

I have sufficient health, accident, disability, and hospitalization insurance to cover
me during my internship and/or I further understand that I am responsible for the costs
of such insurance and for the expenses not covered by insurance. I recognize that The
Perdue School of Business at Salisbury University does not have an obligation to
provide me with insurance coverage or reimbursement for medical care.

I understand that if I use my personal vehicle for the benefit of the
organization/agency with whom I perform my internship that The Perdue School of
Business at Salisbury University has no liability for personal injury or property damage,
which may result from that use.

SPONSOR RELATIONSHIP

I understand that I will not be entitled to unemployment compensation benefits
upon completion of my internship. I understand that the internship work experience is
not an offer of employment. Rather the experience is for educational purpose with a set
termination date. I also understand that the Perdue School of Business at Salisbury
University assumes no liability for personal injury that I may suffer in the course of my
internship. I agree to be responsible for ascertaining whether the organization/agency
sponsoring my internship provides any insurance coverage for me. I understand that
the Sponsor is not required to provide monetary compensation for the time I spend at
the Sponsor's place of business during the internship experience. I agree to be
responsible for ascertaining whether the Sponsor will or will not provide monetary
compensation. The Perdue School of Business at Salisbury University prohibits discrimination on the basis of gender, race, color, age, national origin, religion, or disability. The Perdue School of Business at Salisbury University requires the Sponsor to affirm that the Sponsor also prohibits any and all discrimination.

PERSONAL CONDUCT

I understand that the responsibilities and circumstances of an off-campus internship require a certain standard of professional decorum that may differ from that of The Perdue School of Business at Salisbury University and I indicate my willingness to conform to professional standards of the internship site. I further understand that it is important to the success of the present internship and the continuance of future internships that interns observe standards of conduct that would not compromise The Perdue School of Business at Salisbury University in the eyes of the individuals and organizations with which it has dealings. I acknowledge the ABLE Director’s responsibility for setting rules and interpreting conduct for this purpose. I agree that should the ABLE Director decide I must be terminated from my internship because of conduct that might bring the program into disrepute, or the internship into jeopardy, that decision will be final (subject to review by the Dean of the Perdue School of Business) and may result in loss of academic credit for the internship.

GENERAL RELEASE

I understand that The Perdue School of Business at Salisbury University reserves the right to make cancellations, changes, or substitutions in cases of emergency or changed conditions or in the general interest of the internship program. I understand that the ABLE Director may take any actions he/she considers to be warranted under the circumstances and/or to guard the integrity of the internship program, including termination of the internship experience.

I further expressly agree that the internship site and its use of any facilities shall be undertaken by me at my sole risk and that The Perdue School of Business at Salisbury University shall not be liable for any and all claims, demands, injuries, damages, actions, or causes of actions, whatsoever to me or to my property arising out of or connected with the internship and with the use of any and all services or facilities associated with the internship, whether or not sponsored by The Perdue School of Business at Salisbury University. I release, discharge, and covenant not to sue The Perdue School of Business at Salisbury University, its governing board, employees, or agents as to any and all liability that may arise out of any injury or harm to me, death, or property damage resulting from my participation in this internship, excepting only liability due to the misconduct of the Perdue School of Business.

I attest that I am over the age of 18 and may legally be employed in the United States of America.

I warrant that I have disclosed all relevant, pertinent information that could affect my ability to successfully complete the internship.

Student signature _____________________________  Date _________________
Business Internship Student Application

Name: ______________________________________________ Date: __________
Student ID #: ______________________ Date of Expected Graduation: __________
Preferred Address: ___________________________________________________________________
Preferred Phone #: _____________________________
E-Mail Address: _____________________________________________
Major:______________________________________________________________
Internship Semester & Year requesting credit: ______________________________

Career Objectives & Interests: (MANDATORY: Identify an objective that is relevant to
the internship you have accepted)
______________________________________________________________________
______________________________________________________________________
______________________________________________________________________

Is this your first internship for credit? Yes ___ No ___
If no, where did you work during your previous internship?
________________________________________________________________________

Is this internship a proposal to work with your current employer? If yes, explain how the
internship work will be different from your regular job:
______________________________________________________________________
______________________________________________________________________
______________________________________________________________________

Have you published your resume to erecruiting? No_____ Yes _____

Semester & Year in which you attended a Pre-Internship Seminar____________

Are you a Double Major? ____________________________(waiver form)

Do you plan to exceed 19 credits with your internship?_____________________

Please complete the table below:

<table>
<thead>
<tr>
<th>Semester</th>
<th>Grade</th>
<th>Semester</th>
<th>Grade</th>
<th>Semester</th>
<th>Grade</th>
</tr>
</thead>
<tbody>
<tr>
<td>If you are a BUAD, FINA, MGMT or MKTG major (only the course that applies to your major)</td>
<td>311 FINA</td>
<td></td>
<td>320 MGMT</td>
<td></td>
<td>330 MKTG</td>
</tr>
<tr>
<td>If you are an INFO major</td>
<td>301 INFO</td>
<td></td>
<td>385 INFO</td>
<td></td>
<td>386 INFO</td>
</tr>
<tr>
<td>If you are an ACCT major</td>
<td>304 ACCT</td>
<td></td>
<td>APAT (pass/fail)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>ALL Majors: BUAD 300</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

A written exception must be attached by your Department Chair if you are
missing the required course listed above which applies to your major.
Available Internship Position - Job Description

EMPLOYER CONTACT INFORMATION AND INTERNSHIP DESCRIPTION

Please complete ALL sections on both pages.

Name of Company: ________________________________

Company Address: ________________________________________________________________

Contact Person and Title: __________________________________________________________

Telephone Number: ____________________ FAX Number: ___________________________

Website Address: ____________________ Contact Person Email: ____________________

Ownership Type (please circle): Non-Profit    Private    Public     Other: ________________________

Is this company a home-based office?  ___ Yes  ___ No

Industry Classification: ______________________________________________________________

Employer Size (please circle): 1-20       21-50         51-100          101-500          1,001-5000        5001+

What semesters will the internship be available (please circle all that apply):  Fall    Spring    Summer

Approximate hours internship is available per week: __________________

Internship Status (please circle):  Paid Internship      Non-Paid Internship

Have you previously hosted OR do you currently host an Intern from the Perdue School of Business?
(Please check one)

_____ No, this is my first request for an intern   _____ Yes, student name: _________________________

Would you like to receive material/information from our Career Services Department regarding activities
and Job fair events?   YES      NO

Please provide a brief overview of your organization: (optional – attach brochures or marketing materials)

________________________________________________________________________________

________________________________________________________________________________

________________________________________________________________________________

________________________________________________________________________________

(next page please)
<table>
<thead>
<tr>
<th>Category</th>
<th>Content</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Mission Statement</strong></td>
<td><em>The overarching reason for bringing interns into your organization.</em></td>
</tr>
<tr>
<td><strong>Internship Duties</strong></td>
<td><em>In objective, action oriented format; Identify duties the student will be performing, organizational and learning activities the student will be involved with. Attached extra pages if necessary.</em></td>
</tr>
<tr>
<td><strong>Selection Criteria</strong></td>
<td>Junior only                Senior only                both juniors and seniors</td>
</tr>
<tr>
<td></td>
<td>Preferred majors:</td>
</tr>
<tr>
<td></td>
<td>Other Criteria:</td>
</tr>
<tr>
<td><strong>Program Incentives</strong></td>
<td><em>Something to entice the students to your opportunity!</em></td>
</tr>
<tr>
<td><strong>Work Schedule</strong></td>
<td><em>Hours/days the student will work</em></td>
</tr>
<tr>
<td><strong>Method of Compensation</strong></td>
<td><em>Paid or not-paid – it’s up to the organization</em></td>
</tr>
</tbody>
</table>
### Student Intern’s Learning Goals and Objectives

<table>
<thead>
<tr>
<th>Category 1: Skill Development</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Goal:</strong></td>
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<td></td>
</tr>
<tr>
<td><strong>Objective:</strong></td>
</tr>
<tr>
<td></td>
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<tr>
<td><strong>Measure:</strong></td>
</tr>
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<td></td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Category 2: Academic Learning &amp; Applications</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Goal:</strong></td>
</tr>
<tr>
<td></td>
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<tr>
<td><strong>Objective:</strong></td>
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<td></td>
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<tr>
<td><strong>Measure:</strong></td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Category 3: Personal Development</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Goal:</strong></td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td><strong>Objective:</strong></td>
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<td></td>
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<td><strong>Measure:</strong></td>
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</table>

We the undersigned, agree to the validity of the learning goals & objectives as stated above. We agree that the internship will not conflict with attendance at regularly scheduled classes and that the student intern will adhere to the policies and procedures of the sponsoring organization. The organization has reviewed the learning goals & objectives outlined on this form and agree to provide training, supervision, evaluation and consultation to support the learning agreement.

Student signature: ____________________________ Date___________

Site Supervisor Signature: ____________________________ Date___________
ABLE Internship Credit Agreement

Part I. To be completed by the Student

I ___________________________________________ have accepted an internship position with
_________________________________ during the ___________ semester of 20_____.

(organization)

- I understand that the internship is based on self-directed learning; therefore open, honest communication with the site supervisor and faculty supervisor is imperative.
- I agree to complete a minimum of 100 hours over a minimum time period of 10 weeks.
- I agree to complete all academic and work assignments promptly and to the best of my abilities.
- I agree to familiarize myself with and adhere to relevant organizational arrangements, procedures and functions and uphold appropriate standards of ethical/professional conduct.
- I will strive for all work and academic assignments to be carried out in a reliable and efficient manner.
- I will respect and adhere to the employer’s rules and regulations (i.e. dress code, confidentiality, etc.).
- I will strive to be fair, considerate, honest trustworthy and cooperative when dealing with co-workers.
- I will adopt a professional work ethic that characterizes sound theoretical principles and a personal value system congruent with the basic tenets of the organization or corporation.
- I agree to enhance my professional effectiveness by improving skills and acquiring new knowledge.
- I will accept constructive criticism and continuously strive to improve performance.
- I agree to notify my faculty supervisor and the ABLE Director immediately if any changes occur in my employment status or if a serious dilemma arises.

Student signature: _________________________________ Date ____________________

Part II. To be completed by the site supervisor

I _____________________________________ at __________________________________ agree to participate with the Applied Business Learning Program at the Franklin P. Perdue School of Business at Salisbury University by mentoring _____________________________ for a minimum of 100 hours and a minimum of 10 weeks on-site work unless terminated for cause.

I have discussed this internship with the student.

- I agree to assign work to the Intern that supports the spirit of a learning experience.
- I agree to meet with the Intern regularly and make myself available for counsel and advice for the duration of the internship.
- I agree to provide a training program and professional work experience that will be adhered to during the duration of the internship.
- I agree to participate in site visits with the Internship Coordinator or faculty sponsor if scheduled.
- I will provide on-the-job training for the student in a professional, safe environment.
- I agree to offer periodic verbal feedback to student about performance.
- I agree to assist in evaluating the Intern and the internship at/near the midpoint of the internship term (5 weeks) and upon completion of the internship by completing ABLE evaluation forms.
- I agree to consult with faculty advisor regarding student progress or concerns about student’s performance
- I will determine if the internship will be unpaid, paid or offer a stipend.

Site Supervisor Signature: _____________________________________ Date:___________

Your acceptance of our student as an intern at your office is also acceptance of the risks that attach whenever untrained personnel work on your systems, accounts, records, and in other facets of your business. Salisbury University will work with you to help minimize those risks upon your request.
Part III. Department Chair Approval

After reviewing the Internship Job Description I approve this internship for credit.

Date _________ Chair or designee:_______________________________________________

Notes: ________________________________________________________________________

Part IV. Credit Course Registration (Completed by Student and Undergraduate Programs Coordinator/ABLE Director)

Student Responsibilities
With enrollment in the course listed below:

- I understand it is my responsibility to make the initial contact with the faculty: to attend any mandatory initial class meetings or obtain a syllabus.
- I agree to adhere to class rules and to participate in course activities as outlined in the syllabus and course schedule by the faculty.
- I agree to remain with the documented internship placement for the duration of the semester.
- I understand if any of the circumstances of my internship change during the semester I am to inform both the course faculty and UPC/ABLE Director in a timely manner.
- I understand that if I am released from my internship for cause or fail to participate in class learning assignments, I will receive a failing grade for the course.
- If enrolled in a summer internship course; I understand that if I choose to withdraw from the class due to illness or other reasons beyond my control it is my responsibility to apply for a refund of the tuition costs according to the schedule published in the Salisbury University Registration Bulletin.

STUDENT SIGNATURE _____________________________ DATE _________________

UPC/ABLE DIRECTOR ______________________________ DATE ________________

Provisional Admit- IF APPLICABLE!

_____ Provisional Admit (UPC/ABLE Director will check if applicable)

This is a Provisional Admit to the course valid until: ______________________
The following conditions must be met to change this admit from Provisional Status to Permanent Status:

_________________________________________________________________________
_________________________________________________________________________

STUDENT SIGNATURE _____________________________ DATE _________________

UPC/ABLE DIRECTOR ______________________________ DATE ________________