

## REGISTRATION FORM INSTRUCTIONS

### THIS FORM HAS 3 PURPOSES:

- To allow you to register your internship for credit
- To help you and your faculty supervisor agree upon a learning and evaluation plan
- To inform all relevant parties about your internship

To accomplish these purposes, please fill out your form completely and collect all signatures.

It is important to consult with your advisor and faculty supervisor about your plans before registering.

### REGISTRATION INFORMATION

Designate whether you are registering for an internship or a practicum and which semester you are registering for. Fill in the appropriate academic department, course, and the desired number of credit hours.

**\* Note about credit hours:** Choose the number of credit hours according to the number of hours you can devote to your internship per week. See the chart provided on the next page.

### INTERNSHIP INFORMATION

Provide as much contact information as possible for both your internship site (the organization or company you will work for) and your site supervisor (the person who will supervise you on the job). If you do not know who your site supervisor will be, provide contact information for your primary contact person at the site thus far.

### SIGNATURES

**Obtain the required signatures only after completing both pages of your registration form.** The designated signers are demonstrating agreement with the contents of the whole form, including your goals and evaluation plan. Make sure to leave a copy of the form with all signers (and keep one for yourself). *The Internship Director's signature is not required for practica.*

### LEARNING GOALS & OBJECTIVES

This section asks you to consider what you will learn and accomplish and how you will grow through your internship experience. We encourage you to design goals that are useful and meaningful to you. We have provided the 4 categories below as a framework. We recommend writing at least one goal in all 4 categories. Then, think through your strategies for reaching that goal. Those strategic steps are your objectives. Use action verbs and time frames, and write clearly and succinctly. You may write your goals in the space provided on the form or attach a separate sheet. Use the examples below as a model. **Plan a meeting with your faculty supervisor to go over your goals. You may need to revise before the goals are approved.**

#### Goal Categories

- **Academic Learning & Application:** learning about your field of study and applying what you know
- **Skill Development:** learning skills specific to your field (use of a program, language, research) and general skills (writing, interpersonal relationships, problem-solving)
- **Career Development:** learning about the working world and opportunities in your field
- **Personal Development:** learning about and improving yourself (self-confidence, time management)

#### Goals & Objectives

- Goal 1: Apply physiology concepts to real injuries  
Objective: Practice exercises for each muscle group
- Goal 2: Learn to use Excel for account calculations  
Objective: Take an Excel training course in the first week
- Goal 3: Find out about careers in public relations  
Objective: Job shadow managers in 3 departments
- Goal 4: Manage my time efficiently  
Objective: Complete 2 projects by spring break

### EVALUATION PLAN

You and your faculty supervisor must decide how you will be evaluated. The form suggests several methods for your faculty member to use. Discuss how often you will be in contact, what assignments you need to complete, and when you can arrange a site visit, based on the discretion of your faculty member. The faculty member should record your agreement on the form.

### QUESTIONS?

Contact Karen Eilers in the Career Center: 244 Maytag, EilersK@central.edu, x5250, [www.central.edu/career](http://www.central.edu/career)



# INTERNSHIP/PRACTICUM REGISTRATION FORM

*Internships... bringing learning to life!*

Complete and submit this form after all required signatures are obtained to Academic Records (2<sup>nd</sup> floor, Central Hall).  
**Registration forms must be submitted before the drop/add deadline for the desired term.**

## STUDENT INFORMATION

STUDENT \_\_\_\_\_ ID# \_\_\_\_\_ CAMPUS BOX # \_\_\_\_\_

MAJOR \_\_\_\_\_  FR  SO  JR  SR

## REGISTRATION INFORMATION

Check one:  Internship  Practicum

TERM Check one:  Fall 20\_\_\_\_  Spring 20\_\_\_\_  Summer 20\_\_\_\_

GUIDELINES FOR CREDIT HOURS			
FALL & SPRING (14 WEEKS)		SUMMER (10 WEEKS)	
Credit Hours	Hours Per Week	Credit Hours	Hours Per Week
1	6-8	1	8-11
2	9-11	2	12-15
3	12-14	3	16-19
4	15-17	4	20-23
5	18-19	5	24-27
6	20 <	6	28 <

ACADEMIC DEPARTMENT \_\_\_\_\_ COURSE NUMBER \_\_\_\_\_ CREDIT HOURS \_\_\_\_\_

FACULTY SUPERVISOR \_\_\_\_\_ FACULTY EMAIL \_\_\_\_\_ FACULTY PHONE \_\_\_\_\_

## INTERNSHIP INFORMATION

<b>INTERNSHIP/PRACTICUM SITE:</b> SITE _____ DEPT _____ STREET _____ CITY/STATE _____ ZIP _____	<b>SITE SUPERVISOR:</b> NAME _____ TITLE _____ PHONE _____ EMAIL _____
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PAID  UNPAID How did you learn about this internship? \_\_\_\_\_

## SCHEDULE

BEGINNING DATE \_\_\_\_\_ ENDING DATE \_\_\_\_\_ HOURS PER WEEK \_\_\_\_\_

DAYS OF WORK: (PLEASE CIRCLE) MON TUE WED THU FRI SAT SUN

## SIGNATURES

Signifies agreement with learning goals & evaluation plan, p. 2. Please keep a copy for your records.

STUDENT'S SIGNATURE _____ Date _____	ADVISOR'S SIGNATURE _____ Date _____
FACULTY SUPERVISOR'S SIGNATURE _____ Date _____	SITE SUPERVISOR'S SIGNATURE _____ Date _____
DEPARTMENT CHAIR'S SIGNATURE _____ Date _____	INTERNSHIP DIRECTOR'S SIGNATURE (Karen Eilers, 244 Maytag) _____ Date _____ <i>Internship director's signature not required for practica</i>

## POSITION DESCRIPTION

BRIEF DESCRIPTION OF INTERNSHIP/PRACTICUM (Attach a copy of the position description, if available.)

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## LEARNING GOALS & OBJECTIVES

It is recommended that you identify one or more learning goals in each of the 4 categories listed below. For each goal, list 2 or more objectives (strategic steps to meet the goal). **Your faculty supervisor must approve the goals listed here.** You may attach another sheet if needed. See the instruction sheet for more detailed guidance on writing goals.

**GOAL CATEGORIES:** Academic Learning & Application, Skill Development, Career Development, Personal Development

<b>GOAL 1</b> _____ <b>OBJECTIVES</b> _____ _____ _____ _____	<b>GOAL 2</b> _____ <b>OBJECTIVES</b> _____ _____ _____ _____
<b>GOAL 3</b> _____ <b>OBJECTIVES</b> _____ _____ _____ _____	<b>GOAL 4</b> _____ <b>OBJECTIVES</b> _____ _____ _____ _____

## EVALUATION PLAN

The **goals** listed above, your **site supervisor evaluations**, and your **faculty member's site visit** will form part of the basis for your evaluation. However, it is up to the faculty member to decide on an evaluation plan. Ask your faculty supervisor to list the methods of evaluation you have agreed upon below.

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PLANNED # OF MEETINGS WITH STUDENT INTERN \_\_\_\_\_

### STANDARD EVALUATION METHODS

1. Learning goals assessment
2. Faculty site visit
3. Site supervisor mid-term & final evaluations
4. Regular communication between intern & faculty

### ADDITIONAL OPTIONS

1. Journal
2. Final paper/portfolio
3. Presentation

## LEGAL NOTICE

I have read through all the materials concerning the Central College internship program. I understand that Central College will take reasonable precautions to insure my safety while participating in this program. However, I also understand and accept the fact that Central College accepts no legal responsibility for me. I assume any risks involved with this off-campus experience. I also understand that if my internship is terminated either by me or by the work site, I will not receive any Central College credit for the internship. Any refunds will be based on the refund policy in the current Central College catalog. My signature confirms that I am aware of the expectations stated in the materials regarding the internship program.

NAME (PRINT) \_\_\_\_\_ SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_