

Bachelor Degree Internship Program
RECM450 INTERNSHIP LEARNING AGREEMENT (ILA)**Between**_____
(Student) and _____
(Business/ Agency)Prerequisite: *Internship Eligibility Application must be approved (attach copy).*

Students are responsible for TYPING all information on the ILA, seeking **signatures only** from the faculty and site supervisors, and returning the completed ILA to the academic department prior to the start date of the internship. The school secretaries enroll students in the appropriate internship course.

This agreement may be terminated for just cause by any of the persons signing this agreement, and each agrees to give a two week notice, where circumstances permit, to all other parties prior to termination.

Number of credits to be earned for internship: _____ credits

Term/year* in which you are seeking credit (Check one): Spring Summer Fall Year 20__

* Term must match time period in which most or all of internship is underway.

Dates of Internship: _____ to _____. ____ PAID ____ UNPAID*
(month/day/year) (month/day/year)If this is a **paid internship** please indicate: **hourly wage** \$____.____ or **stipend*** amount _____ per/____

*NOTE: Unpaid internships and those with stipends require an Affiliation Agreement

Important Reminders:

1. The faculty supervisor or the faculty member designated to approve internships in the department from which one is seeking credit is the **ONLY** person who can give initial approval of an internship for academic credit.
2. To ensure proper internship credit, the Internship Learning Agreement (ILA) **MUST** be completed and signed by the student, faculty supervisor, and site supervisor. It is the student's responsibility to obtain the site supervisor's signature **after** the faculty supervisor's signature has been obtained. The faculty supervisor then attaches the Eligibility Application to the ILA and returns it to the school secretary of the department granting credit. The school secretary obtains signatures from first the dean, and then the VPAA. Upon receipt of the VPAA signature, the school secretary will register the student for the internship.
3. **DEADLINES** for submission of Internship Learning Agreement: Dec. 1 for spring semester internship; May 1 for summer; Aug. 1 for fall semester.

NOTE: If a student secures an internship after these deadlines have passed, he/she needs to immediately contact the faculty supervisor to seek approval for the internship. If deadlines are passed, a late fee may be applied.

Internship Student Learning Outcomes RECM450:

- Demonstrate/develop competency in applied mathematics.
- Demonstrate competency in written and oral communications.
- Demonstrate/develop leadership ability by supervising assigned tasks and projects.
- Demonstrate self direction and initiative in performing assigned duties.
- Demonstrate/develop strong work ethic by working additional time or outside typical working hours as needed.

Internship Objectives and Activities:

List objectives of the internship and specific activities to be completed. Indicate approximate amount of time to be devoted to each activity. Be as specific as possible. (The faculty supervisor will provide guidance in initial preparation of this section with input from the site supervisor.)

STUDENT INTERN

Student Name: _____

Phone: _____

Email: _____ Anticipated Date of Graduation: _____

Home Address: _____

Major: _____ Degree: _____

Term/year* in which you are seeking credit: _____

* Term must match time period in which most or all of internship is underway.

INTERN RESPONSIBILITIES:

As a student seeking credit for an internship experience, I agree to:

- Obtain approval from my faculty supervisor or the faculty member designated to approve internships in the department granting the credit for the proposed internship and site;
- Work with my faculty supervisor to complete the Internship Learning Agreement, obtain appropriate signatures, and submit by the deadline;
- Satisfy all financial obligations for the internship including tuition and fees;
- Perform to the best of my ability those tasks assigned by my site supervisor which are related to my learning objectives and to the responsibilities of this position;
- Abide by SUNY Cobleskill Student Conduct Code and academic policies, and follow all the rules, regulations and normal requirements of the internship site;
- Complete the academic requirements outlined in this ILA under the guidance of my faculty supervisor;
- Notify the faculty and site supervisors of any changes I need to make to this agreement or of any concerns or problems that may develop during the on-the-job experience;
- Terminate my participation only after discussing my concerns with my faculty supervisor and providing notice when possible, to the site supervisor.
- Complete both the periodic and final evaluation forms in a timely manner;
- Return to campus for a final internship presentation and reporting.

Student Signature: _____ **Date:** _____

FACULTY SUPERVISOR

(This section must be completed by the student and signed by the faculty supervisor or designated departmental representative)

Faculty Supervisor Name: _____

Title/Department: _____

Primary Contact Phone: _____

Office Phone: _____

Email: _____

Department/Office: _____

FACULTY SUPERVISOR RESPONSIBILITIES:

Academic Criteria: See the department's Internship Syllabus/Course Description for specific academic requirements.

As a Faculty Internship supervisor, I agree to

- Keep in contact with the student (a minimum of 3 substantive contacts during internship) to provide guidance, support and evaluation;
- Visit the internship site (if possible) and contact the site supervisor at least four times during the semester to discuss the student's performance (using the most appropriate means of communication);
- Assess the student's learning based upon internship duties, a daily journal or log, communication with the site supervisor, the site supervisor's evaluation, completed activities required by the department including specified hours at the site, and the final student paper or other assignments. Review online student and site evaluations and communicate appropriately. Submit appropriate paperwork for final credit and grades.

Faculty Supervisor Signature: _____ **Date:** _____

INTERNSHIP SITE SUPERVISOR

*(This section must be completed by the student and signed by the site supervisor or appropriate site representative)
SUNY Cobleskill greatly appreciates you hosting our intern. Your role is integral to the student's internship experience and success.*

Site Supervisor Name: _____

Business/ Agency Name: _____

Address: _____

Title/Dept.: _____ Phone: _____

Email: _____ Fax: _____

SITE SUPERVISOR RESPONSIBILITIES:

As a site supervisor for this internship, I agree to:

- Clearly discuss the requirements of the internship with the student intern;
- Work with the student to complete on-site goals, duties and learning objectives;
- Provide ongoing supervision and feedback to the student on his/her performance;
- Communicate with the faculty supervisor and meet with him/her during the site visit;
- Complete both the periodic and final evaluation forms in a timely manner.

Site Supervisor Signature: _____ **Date:** _____

For College Use Only:

As authorized representatives of the State University of New York, College of Agriculture & Technology at Cobleskill, I approve the above agreement between listed parties.

Dean Signature: _____ **Date:** _____

VP for Academic Affairs Signature: _____ **Date:** _____