



# Cooperative Education/Internship Program

## Request for Permit to Register

The student is responsible for completing this form (with student, faculty adviser and employer signatures) and returning it to the Internship Coordinator in the Culinary & Hospitality Center (CHC1015), who will facilitate the registration process once all necessary forms are received.

COD ID \_\_\_\_\_

Term \_\_\_\_\_

Social Security Number XXX-XX-

Start Date \_\_\_\_\_

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

End Date \_\_\_\_\_

Address: \_\_\_\_\_

Hours per Week \_\_\_\_\_

Telephone: (h) \_\_\_\_\_ (c) \_\_\_\_\_

Email: \_\_\_\_\_

Are you authorized to work in the U.S.A.? \_\_\_\_\_ International Student Adviser Approval: \_\_\_\_\_

As a student participating in the Cooperative Education/Internship Program offered by College of DuPage I agree to indemnify and hold harmless College of DuPage, its agents and employees, from any claims, liability or causes of action which may be asserted against College of DuPage, its agents or employees, for personal injury or property damage sustained by me in the course of participation in the Cooperative Education/Internship Program. I understand that by participating in these programs I may be deemed to be an employee of the company to which I provide services but I am not an employee of College of DuPage. I, therefore, acknowledge that I am not entitled to any benefits or privileges extended to College of DuPage employees. I will strive to meet or exceed performance expectations and learning goals.

Student Signature \_\_\_\_\_

Date \_\_\_\_\_

Field Of Study/Academic Area \_\_\_\_\_

Company Supervisor Name \_\_\_\_\_

Work Experience Title \_\_\_\_\_

Company Name \_\_\_\_\_

**Paid**  Wage: \$ \_\_\_\_\_ /hr **Unpaid**

Company Address \_\_\_\_\_

Faculty Adviser Name \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Faculty Adviser Signature \_\_\_\_\_

Company Telephone \_\_\_\_\_

Credit Hours Requested \_\_\_\_\_

Supervisor E-Mail \_\_\_\_\_

TO BE COMPLETED BY INTERNSHIP COORDINATOR

Course Code  -  - cp

Credit Hours \_\_\_\_\_

INTERNSHIP COORDINATOR SIGNATURE \_\_\_\_\_



# Cooperative Education/Internship Program

## Learning Agreement

The student is responsible for completing this form (with student, faculty adviser and employer signatures) and returning it to the Internship Coordinator in the Culinary & Hospitality Center (CHC1015).

Student's Name \_\_\_\_\_

Student's Position Title \_\_\_\_\_

### Student, Supervisor & Faculty Adviser

List measurable learning goals based on the internship description, which will improve assessed skills. This portion should be completed by the student and faculty adviser in consultation with the employer. Use an additional sheet if necessary.

1. Learning Goal: \_\_\_\_\_

Learning Plan: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Evaluation Rubric: \_\_\_\_\_

2. Learning Goal: \_\_\_\_\_

Learning Plan: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Evaluation Rubric: \_\_\_\_\_

3. Learning Goal: \_\_\_\_\_

Learning Plan: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Evaluation Rubric: \_\_\_\_\_

4. Learning Goal: \_\_\_\_\_

Learning Plan: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Evaluation Rubric: \_\_\_\_\_

Student Signature \_\_\_\_\_

Faculty Adviser Signature \_\_\_\_\_

Associate Dean Signature \_\_\_\_\_

Employer/ Supervisor Signature \_\_\_\_\_

We agree to the learning goals listed above. The **employer** agrees to supervise and mentor the student in a safe environment. The **faculty adviser** agrees to guide student learning and assign a grade. The **student** agrees to meet or exceed the stated goals and work requirements.



# Cooperative Education/Internship Program

## Academic Internship Responsibilities

The student, employer, faculty adviser and Internship Coordinator agree to assume the responsibilities outlined below during the student's academic internship. NOTE: All signatures are required prior to the start of an internship carrying academic credit. The student should return this document to the Internship Coordinator in the Culinary & Hospitality Center (CHC 1015).

### Employer Responsibilities:

- Verify the position and duties by providing a job/internship description.
- Provide an orientation, any precautionary safety instructions, training, and ongoing supervision for assigned duties.
- Provide regular feedback to the intern regarding performance.
- If the student is paid, understand the responsibility for providing Workers Compensation and liability insurance in accordance with the state law, and agree to provide said coverage. Understand and observe the Fair Labor Standards Act.
- Comply with federal laws prohibiting discrimination on the basis of race, color, national origin, sex, disability, and/or military status.
- Notify the Internship Coordinator or Faculty Adviser in a timely manner if any problems arise during the internship. Complete a final evaluation of the student's performance.

Employer Signature \_\_\_\_\_ Date \_\_\_\_\_

### Faculty Adviser Responsibilities:

- Adhere to the current Active Course File as approved by the Illinois Community College Board.
- Determine and discuss how the proposed internship is relevant to the student's educational objectives, how to apply academic theory to the world of work, and if the internship merits academic credit.
- Assist the student in writing behavioral learning goals that enhance work skills in communication, problem solving/decision making, teamwork, self-management, leadership/initiative and/or technical competency.
- Maintain contact and assess student progress via various feedback mechanisms (e.g., biweekly mail reflections, Blackboard, written/video/audio reports, article or book reviews, etc.) for increased field of study proficiency.
- Determine academic assignments, monitor student progress and provide final evaluation/grade.

Faculty Adviser Signature \_\_\_\_\_ Date \_\_\_\_\_

### Student Responsibilities:

- Fulfill tasks/responsibilities assigned by your employer and achieve learning goals approved by your faculty advisor.
- Conduct yourself in an ethical and professional manner, acting as a positive representative of College of DuPage as outlined in the Student Code of Conduct (catalog).
- Complete a minimum of 75 hours for each one credit hour enrollment (e.g. 225 hours = 3 credit hours) during the internship assignment. It is your responsibility to pay for your academic credits.
- Notify the Internship Coordinator and your faculty adviser in a timely manner of any changes to the Learning Agreement or if any problems develop during the internship.
- Keep in contact with your faculty adviser; arrange to debrief with your faculty adviser; return forms to the Internship Coordinator.

Student Signature \_\_\_\_\_ Date \_\_\_\_\_

### Internship Coordinator Responsibilities:

- Review the student's eligibility for participating in an academic internship (GPA, prerequisites, etc.).
- Act as liaison between the student, the employer and the faculty adviser.
- Assist the student, employer and the faculty adviser in resolving problems.
- Receive the original copies of all required forms and archive forms for a period of three years.

Internship Coordinator Signature \_\_\_\_\_ Date \_\_\_\_\_

# Cooperative Education/Internship Program

# Student Record

Student is responsible for completing this form and retrieving signatures. Once your final version is complete, make three copies. Retain one copy and provide copies to your faculty adviser and site supervisor. Submit the original signed agreement to the Internship Coordinator in the Culinary & Hospitality Center (CHC 1015).

Term \_\_\_\_\_ Start Date \_\_\_\_\_ End Date \_\_\_\_\_

Student Name \_\_\_\_\_ Employer Name \_\_\_\_\_

Faculty Adviser Name \_\_\_\_\_ Supervisor Name \_\_\_\_\_

## Work Experience Learning Activities

		Hours Worked
<b>Weeks 1-2</b>	Begin work, complete initial assessment and learning agreement.	_____
<b>Weeks 3-4</b>	_____	_____
<b>Weeks 5-6</b>	_____	_____
<b>Weeks 7-8</b>	End of Summer Term or Midterm Fall/Spring. Check in with your faculty adviser.	_____
<b>Weeks 9-10</b>	_____	_____
<b>Weeks 11-12</b>	_____	_____
<b>Weeks 13-14</b>	_____	_____
<b>Weeks 15-16</b>	Complete work and student record; schedule appointment with faculty adviser.	_____
		<b>Total Hours</b>

Student Signature \_\_\_\_\_ Date \_\_\_\_\_

Supervisor Signature \_\_\_\_\_ Faculty Adviser Signature \_\_\_\_\_

Student is responsible for completing this form and retrieving signatures. Once your final version is complete, make three copies. Retain one copy and provide copies to your faculty adviser and site supervisor. Submit the original signed agreement to the Career Services Center (SSC 3258) at the conclusion of your internship.

**Student Name** \_\_\_\_\_ **Date** \_\_\_\_\_

**Employer Name** \_\_\_\_\_ **Supervisor Name** \_\_\_\_\_

Please assess the student-intern's level of improvement and overall skill level at the end of the co-op/internship experience. This form will be returned to the faculty adviser or co-op/internship staff by the student. You are encouraged to contact the faculty adviser to discuss directly.

Communication Skills	Self Management Skills
<p><i>Examples: Demonstrates oral communication skills required; writes clearly and concisely; is willing to speak up, communicate information, and ask for clarification; listens to feedback and acts to improve.</i></p> <p><b>Level of Improvement Shown:</b> None   Limited   Adequate   High   Exceptional</p> <p><b>Overall Skill Level:</b> None   Limited   Adequate   High   Exceptional</p>	<p><i>Examples: Produces high-quality, error-free work; adapts strategy when current approach is not effective; uses good judgment and establishes priorities; manages time, attendance and punctuality.</i></p> <p><b>Level of Improvement Shown:</b> None   Limited   Adequate   High   Exceptional</p> <p><b>Overall Skill Level:</b> None   Limited   Adequate   High   Exceptional</p>
Problem Solving/Decision Making Skills	Leadership/Initiative Skills
<p><i>Examples: Analyzes situations and takes appropriate action; offers creative solutions to problems; collects and analyzes information to do a task and establishes a course of action in a timely manner; resolves problems within adequate time frames.</i></p> <p><b>Level of Improvement Shown:</b> None   Limited   Adequate   High   Exceptional</p> <p><b>Overall Skill Level:</b> None   Limited   Adequate   High   Exceptional</p>	<p><i>Examples: Seeks opportunities to learn; takes appropriate action to get the job done; completes work despite obstacles; sets goals and follows up.</i></p> <p><b>Level of Improvement Shown:</b> None   Limited   Adequate   High   Exceptional</p> <p><b>Overall Skill Level:</b> None   Limited   Adequate   High   Exceptional</p>
Teamwork Skills	Technical Job Skills
<p><i>Examples: Makes a positive impact on work team by establishing rapport and credibility; shares information and resources with others; pitches in to help co-workers; is willing to put in extra time and effort to get the job done.</i></p> <p><b>Level of Improvement Shown:</b> None   Limited   Adequate   High   Exceptional</p> <p><b>Overall Skill Level:</b> None   Limited   Adequate   High   Exceptional</p>	<p><i>Examples: Has the technical skills required for the position; is willing to enhance technical skills; uses technology appropriately to perform work effectively.</i></p> <p><b>Level of Improvement Shown:</b> None   Limited   Adequate   High   Exceptional</p> <p><b>Overall Skill Level:</b> None   Limited   Adequate   High   Exceptional</p>

**Did this student meet performance expectations?**    Very Much So    For the Most Part    Somewhat    Only Slightly    Not at All

**Did this student meet learning goals?**    Very Much So    For the Most Part    Somewhat    Only Slightly    Not at All

**Was this a positive experience for your organization?**    Very Much So    For the Most Part    Somewhat    Only Slightly    Not at All

**Would you employ another student-intern?**    Yes    No

Supervisor Signature and Email \_\_\_\_\_

Student Signature \_\_\_\_\_



## Cooperative Education/Internship Program

### Exit Survey

Thank you for taking part in the Culinary & Hospitality Internship Program. Please answer the questions as honestly as possible. The information you provide us will assist with future decisions. All of the information that you provide will be confidential.

*The following questions pertain to your internship experience. Please circle Yes or No for questions 1-5.*

Did you obtain this position in order to complete your internship?	Yes	No
Did you use your existing job as your internship?	Yes	No
Did your internship turn out to be as you expected?	Yes	No
Did you receive enough training to do your job effectively?	Yes	No
Did you receive sufficient feedback on your performance?	Yes	No
Would you consider working for this company again in the future?	Yes	No
Would you recommend this company to other student interns?	Yes	No
Will you be continuing employment after completion of your internship?	Yes	No

*On a scale of 1-5 please rate your experience in the internship program with 5 meaning that you strongly agree and 1 meaning that you strongly disagree. Please circle the number to indicate your response.*

This internship has helped me to develop skills to solve problems.	1	2	3	4	5
This internship has helped me to develop interviewing skills.	1	2	3	4	5
This internship has helped me to improve my verbal communication skills.	1	2	3	4	5
This internship has helped me to develop professional competence.	1	2	3	4	5
I anticipate career advancement as a result of completing this internship.	1	2	3	4	5



## Cooperative Education/Internship Program

### Exit Survey

What was most satisfying about your job and/or internship experience?

What was least satisfying about your job and/or internship experience?

What suggestions do you have to help improve the overall program and experience?

How did your internship differ from your expectation (time, environment, type of work)?

What specific projects or assignments were you given during the internship? Please evaluate your experience with each one.