

STUDENT INTERNSHIP PROGRAM – PISc 398

Prior Approval

The internship program gives students an opportunity to obtain university credit for valuable work experience. The student is responsible for finding an appropriate job. On-campus students should get approval from Donn Thill and off-campus students from Jeff Stark. Approval from the instructor (Donn Thill, 885-6214, e-mail: dthill@uidaho.edu; Jeff Stark, 208-529-8376, e-mail: jstark@uidaho.edu) is required prior to registration and prior to beginning the job.

Credits

Students may register for 1 to 6 credits and must work at least 2 weeks full-time for each credit earned. Grading will be pass/fail (P/F).

Students must have completed at least 60 university credits to be eligible for the internship program.

Visit During Internship

Midway through the work experience, the instructor will try to visit the student intern at the work site to be sure the program is progressing to the satisfaction of both the student and the employer.

Final Reports

Following the internship, each student must complete a written report (4 to 6 pages) and must give an informal oral report (about 10 minutes) to Plant Science undergraduates. The written report should include three elements: 1) Explain the employer's business and objectives; 2) Explain what you did and learned during your internship experience; and 3) Evaluate the experience. Did you learn the things you had hoped to learn? How could the experience be improved for the next student? Would you recommend this to others? Would additional course work have been valuable to you prior to starting the internship? Has this experience modified your career goals or changed your thoughts about what you wish to do professionally?

Forms to Complete

Please see attached forms that need to be completed and returned at the appropriate times.

Return this complete form to Don Thill or Jeff Stark prior to beginning the Internship Program

Internship Program
Department of Plant, Soil and Entomological Sciences
College of Agricultural and Life Sciences
University of Idaho

STATEMENT OF INTENT

Name _____ Date _____
(last) (First) (Middle)

Local Address _____

Local Phone _____ E-mail Address _____

Summer Address (if different) _____

I have majored in _____ with a specialty in

_____ at the U of I since _____
(term) (year)

I have completed _____ credits.

Name of firm employing you _____

Complete mailing address of firm _____

Name of employer and/or evaluator _____

Phone number of employer _____

Description of work experience expected

Relationship of work experience to future employment

I wish to register in PISc 398 (Internship for _____ credits in _____
(term) (year)

Signature of Student _____

Internship Committee Chairman (if approved) _____

Return to Donn Thill or Jeff Stark prior to beginning of Internship

Internship Program
College of Agricultural and Life Sciences
University of Idaho

UNIVERSITY LIABILITY STATEMENT

The College of Agricultural and Life Sciences has worked with the cooperator to develop an internship which meets the college's criteria. Therefore, if the student intern successfully completes the intern program, appropriate credit will be granted by the university. However, the daily managerial control and working conditions of the intern program are handled and are under the sole direction of the cooperator. Consequently, the university does not have nor can it assume any liability relative to the protection of the individual intern.

In light of the above, the intern is urged to review with the cooperator what employee benefits are made available to the intern, i.e. health and accident insurance, workmen's compensation, and liability insurance. If adequate benefits are not available, the intern may wish to make his/her own arrangements.

I hereby understand that the University of Idaho does not have nor can it assume any liability relative to my protection during the internship program period.

Student Intern Signature

Date

Return to Donn Thill or Jeff Stark after first month of work.

Internship Program
College of Agricultural and Life Sciences
University of Idaho

PERIODIC REPORT

Student's Name

Mailing Address

Cooperator's Name

Cooperator's Address

Time Period _____ 20 _____ to _____ 20 _____

Brief Outline of activities:

Summarize briefly what new knowledge and experiences have been gained:

Problems, concerns, or suggestions:

Student's Signature

Date

Please return to:
Donn Thill
PO Box 442339
University of Idaho
Moscow, ID 83844-2339

Jeff Stark
Idaho Falls Res. & Ext. Ctr.
University Place
1776 Science Center, Suite 205
Idaho Falls, ID 83402-1545

Internship Program
College of Agricultural and Life Sciences
University of Idaho

COOPERATOR'S FINAL EVALUATION

Student's Name _____ Date _____

A. Rating of Student Characteristics

Using the rating scale, please evaluate the following characteristics for the above student. If the student made noticeable improvement in any of the characteristics during his or her program, also check column 2.

- Rating Scale: 1 = EXCELLENT
 2 = VERY GOOD
 3 = AVERAGE
 4 = FAIR
 5 = UNSATISFACTORY

Characteristics	Rating	Check if Improved Since the Beginning of the Program
Ability to learn	_____	_____
Interest in learning	_____	_____
Speed of completing responsibilities	_____	_____
Ability to perform without supervision	_____	_____
Willingness to receive guidance	_____	_____
Relationships with other employees	_____	_____
Dependability and reliability	_____	_____
Judgment	_____	_____
Personal Appearance	_____	_____
Enthusiasm	_____	_____
Courtesy	_____	_____
Overall Performance	_____	_____

B. General Questions

1. What characteristics did you like most about this student?

2. In what ways can the student improve himself/herself?

3. Other comments:

Cooperator's Signature

Date

Position

Please return completed evaluation to:

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University of Idaho
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