

WOMEN'S STUDIES COURSE 988:425 INTERNSHIP CONTRACT

To be completed by the student:

Student Name: _____ Student I.D.: _____

Major(s): _____ Minor: _____

Address (residence and mailing address) during the internship: _____

City, State, and Zip: _____

Phone: (____) _____ Fax: (____) _____ Email: _____

Name of organization: _____

Name of supervisor: _____

Supervisor's position: _____

Address: _____

City, State, and Zip: _____

Phone: (____) _____ Fax: (____) _____ Email: _____

Web site: _____

Title and brief description of proposed internship experience: _____

Beginning date: ___/___/___ Ending date: ___/___/___ Hours: _____ (Per week or semester)

To be completed by the employer (internship sponsor):

1. What are the nature and extent of the internship responsibilities?
2. What are the dates and hours during which the work will be performed?
3. What specific results are expected of the intern?
4. What professional and other skills do you expect the intern to develop?
5. What professional contacts will be available to the intern?
6. What resources will be available for the intern to use?
7. What issues, projects, or research will the intern be exposed to that relate to his/her studies to be used as possible topics for the research paper that is required?

APPROVALS

The signatures below indicate that these individuals have read the contract and are in agreement with regard to the main elements of the proposed internship experience and accept the conditions listed in the internship guidelines.

_____/_____/_____
Employer Representative (Internship Sponsor) Date

_____/_____/_____
Student Date

The signatures below indicate that the internship has been approved, and are required before the student will be permitted to register for the relevant internship course.

_____/_____/_____
Cheryl Egan or Thomas Hopkins, Career Development Center Date

_____/_____/_____
Professor Jyl Josephson, Director Date

Notes:

INTERNSHIP EVALUATION FORM

TO BE COMPLETED BY THE INTERNSHIP SPONSOR / SUPERVISOR

Student's Name: _____

Department Assignment: _____

Time Period: _____

Please check the response that best reflects the individual's performance. Please use the General Comments section on the second page of this form to provide suggestions for the individual's career development and any other explanations you believe useful for an overall performance evaluation. To ensure candid evaluations, the student intern will not be shown the comments on this form.

- Relations with others
- Works exceptionally well with others
- Works well with others
- Gets along satisfactorily with others
- Has some difficulty working with others
- Works poorly with others

- Quality of work
- Excellent
- Above average
- Below Average
- Poor

Judgement

- Excellent in making decisions
- Above average in making decisions
- Usually makes the right decision
- Often uses poor judgment
- Consistently uses poor judgement

Dependability

- Excellent
- Above average
- Below average
- Poor

Ability to learn

- Learns very quickly
- Learns quickly
- Average in learning
- Slow to learn
- Very slow to learn

Attendance

- Regular
- Irregular

Punctuality

- Regular
- Irregular

Attitude

- Extremely interested and independent
- Very interested and independent
- Average interest and independence
- Below average interest and independence
- Definitely not interested and independent

Technical Skills

- Excellent
- Above average
- Average
- Below average
- Poor

Professional appearance and behavior

- Excellent
- Above average
- Average
- Below average
- Poor

Overall performance

- Excellent
- Above average
- Average
- Below average
- Poor

General Comments: (Explanations and “feedback” for the student’s career development).

Comment on the student’s performance. Would this individual be considered for a permanent position?

If you were to assign the student a grade, what letter grade would it be? Please circle one:

A B C D F

Supervisor’s Name and Title: _____

Signature and Date: _____

Address: _____

Phone: _____

Fax: _____

E-mail: _____

Please mail this evaluation to:

Professor Jyl Josephson
Department of Women’s Studies
360 Dr. Martin Luther King Jr. Blvd., Hill Hall Room 415
Newark, New Jersey 07102-1801

CAMPUS INTERNSHIP LEARNING AGREEMENT FOR SPONSORING EMPLOYERS

Name of Sponsoring Company/Organization: _____

Address: _____

Area Code + Telephone _____

Organization URL: _____

Name and Title of Supervisor for this Internship:

Name of Student Intern:

Contact information for Supervisor:

Direct Telephone _____ Business e-mail: _____

Internship Site Address [- if different than address of the employer -]:

Compliance with anti-discrimination and workplace safety statutes by Internship Sponsor/Site:

In accepting students for internships _____ understands that Rutgers Newark expects that internship sites will fully comply with applicable federal, state and local laws relating to workplace safety and to discrimination in the workplace. _____ is committed to equal employment opportunity, affirmative action, and nondiscrimination on the basis of race, color, national origin, gender, marital status, religion, age, disability, and veteran status. This commitment includes equal opportunity and non discrimination on the basis of sexual orientation and compliance with the Americans with Disabilities Act, which prohibits discrimination on the basis of disability in the workplace.

Employer Signature / Date

Career Development Center / Date

Faculty Supervisor / Date {- if applicable -}