Internship Education Handbook

June 1, 2010

Student - Employer - College

Boulder County Campus
2121 Miller Drive
Longmont, Colorado  80501
303-678-3722

Larimer Campus
4616 South Shields
Fort Collins, Colorado  80526
970-226-2500

Westminster Campus
3645 West 112th Avenue
Westminster, Colorado  80031-2199
303-466-8811

Brighton Center
Community College Center
1931 East Bridge Street
First Floor, Suite 1
Brighton, Colorado  80601
303-404-5099

www.frontrange.edu
Internship Education at Front Range Community College

Internship Education offers students the opportunity to earn college credit and gain practical work experience under the supervision of an experienced employer and college faculty member.

To participate in internship education, students must have:
- Completed a sufficient academic preparation in their program major;
- Maintained a minimum cumulative grade point average of 2.0;
- Completed an internship application with a faculty recommendation (this form is included in this Handbook);
- Obtained an internship job placement prior to course enrollment.

Students should meet with their faculty advisor to identify potential internship cooperators, verify their eligibility and complete the application forms the semester before they enroll in an internship course. Transferability of internship credit is at the discretion of the institution to which the credits are being transferred. Students should consult with a transfer advisor from the receiving institution for information on transferability. NOTE: Internships require a ratio of 45 contact hours for 1 semester credit.

FORMS TO COMPLETE:

In addition to the usual admission and registration processes, there are two documents required for creating and registering for an internship:
1. Internship Learning Application and Training Agreement
2. Internship Education Learning Objectives and Activities

These two documents are included in this Handbook.

DIRECTIONS FOR COMPLETION AND DISTRIBUTION:

1. Student and FRCC Faculty Advisor complete the Internship Learning Objectives and Activities form, and the Application and Training Agreement form, including signatures.
2. FRCC Faculty Advisor brings a copy of these completed forms to Dean of Instruction’s office.
3. FRCC Faculty Advisor distributes copies of the forms as follows:
   - Original copy plus one photocopy to the student;
   - One copy to the employer;
   - One copy to the academic department chair;
   - One copy for the FRCC Faculty Advisor to keep.
### INTERNSHIP EDUCATION

#### APPLICATION and TRAINING AGREEMENT

<table>
<thead>
<tr>
<th>Student: ___________________________</th>
<th>Student ID #: ___________________________</th>
</tr>
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<tbody>
<tr>
<td>Address: __________________________</td>
<td>City __________________ Zip: _____________</td>
</tr>
<tr>
<td>Telephone: _________________________</td>
<td>Fax# __________________ Email: ____________</td>
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<table>
<thead>
<tr>
<th>Employer (company): ___________________________</th>
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<tbody>
<tr>
<td>Supervisor (name of person): ___________________</td>
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<tr>
<td>Address: __________________________</td>
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<tr>
<td>Telephone: _________________________</td>
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The above student, completing an internship with your organization, will receive credits for this experience from Front Range Community College. A signed copy of this form will be returned to you indicating acceptance of these arrangements.

**Course:** _______  **Section:** _____  **Semester** _____  **Year** _______  **Program Major** _______

**Duration of Internship:** Starting date: _______  **Year** _______  **Ending date:** _______

**What type of work will this student be performing?** _______

**Remuneration, (if applicable)** $_______ per hour. Other benefits student will receive: _______

#### Student agrees to:

- Follow the employer’s work and job conduct rules.
- Report to internship promptly and regularly and notify the Employer at once if illness or an emergency prevents the student from reporting to work.
- Attend special seminars or related classes (as specified), and perform all assignments.
- Notify the Faculty Advisor immediately if he/she is dismissed from his/her internship; or changes of duties/functions.

#### College agrees to:

- Provide staff to work with the employer and to coordinate the student’s on-the-job experiences and his/her college program.
- Grant appropriate credits for successful job performance.

#### Employer agrees to:

- Instruct the student as to rules, regulations and duties of the job/internship.
- Provide adequate supervision for the student and help him/her progress on the internship.
- Provide performance ratings at the end of the semester that may be used in determination of a course grade for the student.
- Confer with the Faculty Advisor regarding any problems concerning any personnel problems while on the job should the need arise.
- Accept and assign the student to jobs and to otherwise treat him/her without regard to race, color, national origin, age, religion, sex or handicap.
- Provide Worker’s Compensation, if the employer pays the student.

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<table>
<thead>
<tr>
<th>Employer’s Signature</th>
<th>Date</th>
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<tbody>
<tr>
<td>Student’s Signature</td>
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<table>
<thead>
<tr>
<th>Faculty Advisor’s Recommendation and Signature</th>
<th>Date</th>
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<tbody>
<tr>
<td>Dept. Chair or Program Director Signature</td>
<td>Date</td>
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**Distribution:** Original - FRCC Faculty Advisor; Copies to Employer, Student, and Department Chair or Program Director.

Updated 6/1/10
INTERNSHIP LEARNING OBJECTIVES AND ACTIVITIES

Student Name__________________________
Student ID Number__________________________________________

Course Name________________________________________________________________
(Cannot be the same name as a Catalog course name.)
Prefix ______ Course Number_______ Section Number_____ Number of Credits_____
Term: Fall____;  Spring___;  Summer___ ;  Year______
Begin date_______________; End date__________________________

XXX 180–184/280-284: Internship provides students with the opportunity to supplement course-
work with practical work experience related to their educational program. Students work under the
immediate supervision of experienced personnel at the business location and with the direct
guidance of the FRCC Faculty Advisor.

Course Objectives:
1. 
2. 
3. Use attached pages for additional course objectives.

Assignments/Activities/Assessment criteria:
1. 
2. 
3. Use attached pages for additional course assignments/activities/assessment criteria.

Scheduled meeting dates with FRCC faculty advisor  (list the dates on the line below):
________________________________________________________ 

Student Signature______________________________________ Date______________
Faculty Advisor Signature________________________________ Date______________
Employer Signature_______________________________________ Date______________
Dept. Chair or Program Director Signature __________________ Date______________

The FRCC Faculty Advisor will distribute completed copies of this form to the student,
employer, FRCC academic Department Chair or Program Director, and keep a file copy.
The FRCC Faculty Advisor will record the student’s grade at the end of the current semester.
Internship Learning Objectives and Activities

Directions for completion and distribution of this document:

1. Student and FRCC Faculty Advisor complete the appropriate paperwork, including signatures.

2. FRCC Faculty Advisor brings this completed form to: Larimer-Deans of Instruction; Westminster-Annette Bailey or John Eggers; Boulder County--.

3. FRCC Faculty Advisor distributes copies of this form as follows:
   a. Original copy plus one photocopy to the student;
   b. One copy to the employer;
   c. One copy to the academic Department Chair or Program Director;
   d. One copy for the FRCC Faculty Advisor to keep.

4. The student takes the original copy of the Application and Training agreement to the Admissions and Records Office to complete their registration.
INTERNSHIP EDUCATION
TIMELINE

No matter what time of the semester a student enrolls or completes their internship, there are some basic tasks that need to be completed at the beginning, middle and the end of the internship.

Prior to Beginning

Student
- Review Internship Handbook
- Meet with the Faculty Advisor in your area
  - Establish appropriate Learning Objectives and Activities
    (see form)
- Complete Application and Training Agreement form
- Register for internship course

Faculty Advisor and Employer
- Assist student with establishing Learning Objectives and Activities
- Complete and sign forms
  - Application and Training Agreement
  - Learning Objectives and Activities
- Distribution of completed forms by Faculty Advisor to Employer and Student
- Advisor sends the worker's compensation notice (page 8) to the employer.

Middle

Student, Faculty Advisor and Employer
- Maintain mutual communication on student progress as appropriate for internship

End

Student
- Provide Employer with Evaluation for completion
- Notify Faculty Advisor of completion of internship

Employer
- Provide feedback to Faculty Advisor.
- Provide feedback to the student.

Faculty Advisor
- Evaluate student achievement of Learning Objectives and Activities.
- Review Final Student Evaluation by Employer
- Submit grade to Registrar

Faculty advisors, you may use this sheet as a checklist to ensure all functions are completed.
INTERNSHIP EDUCATION
FACT SHEET

As an extension of the classroom, the College Internship Program offers students an opportunity to earn college credit and gain practical work experience in a chosen career. Students work with their Faculty Advisor and an experienced employer to design and complete work experiences that apply the knowledge and skills the student has gained in the classroom to a work setting.

The BENEFITS of an INTERNSHIP are:

- An opportunity to gain practical experience in your chosen career,
- An opportunity for gaining employment under an industry mentor,
- An opportunity to network professionally for new employment opportunities,
- A chance to be exposed to challenging new situations you can’t learn in a classroom
- A chance to identify or redefine your career aspirations
- And much…much…more!

Getting an INTERNSHIP
Internship opportunities may be identified through:

- Referral from a faculty or staff member
- Internship listing on the Program bulletin boards.
- Direct contact with an employer or organization.
- Contacting a professional association, organization or trade show.
- and more…

ENROLLING IN AN INTERNSHIP

Meet with your Faculty Advisor to identify potential internship employers, verify your eligibility and complete the necessary forms.

RULES OF CONDUCT

As an Intern, students must abide by the following general policies:

1. Attendance, Vacations & Holidays – Tardiness and poor attendance are unprofessional. Students are expected to be prompt while working for their sponsor, and to follow the work schedule they have developed with their Employer. Student vacations and times-off should be discussed and agreed to by the Employer before the internship begins.

2. Dress – Students are expected to maintain a personal appearance and dress appropriate to the professional setting of their internship and their job duties.

3. Injury – Any injury must be reported immediately to their Employer, Faculty Advisor and their campus Human Resources.

4. Transportation – Transportation to and from the internship site is the student’s responsibility.

5. Confidentiality, Ethics & Behavior – Students are expected to maintain confidentiality with their internship at all times, and to abide by their Employer’s code of professional ethics and rules of behavior. Students may be disciplined or dismissed from their internship for using illegal drugs, alcohol, or smoking if such is the pre-existing policy of their Employer, if pre-existing company policies are followed in the discipline or dismissal process. The Employer will notify the College in writing in the event an intern is disciplined (including warnings) or dismissed.

6. Additional items as designated by College/Department and/or Employer.
WORKERS’ COMPENSATION

I. What is the purpose of Workers’ Compensation?

A. Provide a No Fault, sole remedy in cases of on-the-job injury at no cost to employee.
B. Return the injured employee to work as soon as possible

II. Who is covered by Workers’ Compensation?

A. Employees are workers covered by the Workers’ Compensation insurance paid by the employer.

NOTE: Student interns who receive remuneration (hourly wage, stipend, tuition reimbursement, etc.) from their employer are employees and shall be covered by the employer’s workers’ compensation.

B. Unpaid Student Interns are covered by the educational institution’s Workers’ Compensation insurance program when the internship meets ALL OF the following conditions:

1. Internship (job) placement is located off campus.
2. Student is registered in an internship at the college.
3. Internship (job) placement is not paid or remunerated by the employer.
4. Internship course is a requirement, option or substitute of the student’s academic program.
5. Written training agreement between the College and the Employer.

C. Volunteers - volunteers are not covered by the Workers’ Compensation Act except for emergency response volunteers specifically designated in the act.

III. In the event of injury or accident, what is the sequence of events for Student Interns under the Workers’ Compensation Act?

A. Medical Treatment
   Seek emergency treatment first if necessary.

B. Injury/Accident Report
   Student intern should contact the College Human Resources Office at his/her Campus immediately to report the injury or accident, and request an injury report including information, criteria and procedures. (See Important Numbers in the Supplemental Section of this handbook). This information must also be given to the employer.
This progress report form is optional. Faculty can use whatever type of tracking and feedback deemed appropriate for the internship.

Student ___________________________  Student ID No. ___________________________

Period From/To _____________________  Semester ________ Academic Year _________

The student shall complete and submit a copy of the Student Progress Report (following the completion of Learning Objectives and Activities) to the Employer and Faculty Advisor.

Use the following guidelines in completing the narrative of your Progress Report for the above time period:

- Discuss how your activities and work performance related to your learning objectives and classroom experiences. What did you learn? Be specific.
- Discuss what skills, methods or procedures you learned or improved upon during this reporting period.
- Discuss the progress and accomplishments you have made towards completing your learning objective(s).

Type or print - Add additional page(s) if needed.

_________________________________________________________________________________
_________________________________________________________________________________
_________________________________________________________________________________
_________________________________________________________________________________
_________________________________________________________________________________
_________________________________________________________________________________
_________________________________________________________________________________

Contact Hours this period _________  Cumulative Contact Hours ________

Student’s Signature  Date  Employer’s Signature  Date
(Employer is an equal opportunity employer.)
INTERNSHIP EDUCATION
Final Student Evaluation by Employer (Optional)

This evaluation form is optional. Faculty may use whatever type of evaluation instrument or approach deemed appropriate for the internship.

Date:_________________________

Name of Student:________________________________________________________________

The College Internship is a partnership between the student, the employer and the college. The evaluation input received from the Employer Supervisor, and Faculty Advisor will determine the final semester grade of the student.

Thank you for reading and reviewing the student’s Learning Objectives and Activities form before you completed this evaluation!

Base your evaluation on the work performance of the student according to the criteria from the student Learning Objectives and Activities established at the beginning of the Internship.

COMMENTS:
_________________________________________________________________________________________
_________________________________________________________________________________________
_________________________________________________________________________________________
_________________________________________________________________________________________
_________________________________________________________________________________________
_________________________________________________________________________________________
_________________________________________________________________________________________
_________________________________________________________________________________________
_________________________________________________________________________________________
_________________________________________________________________________________________

Employer’s Name (please print)      Date               Employer’s Signature   Date

Please return the completed evaluation to the Faculty Advisor at the completion of the Internship (name and address below):

_________________________________________________________________________________________
_________________________________________________________________________________________
_________________________________________________________________________________________

FAX #
INTERNSHIP EDUCATION

My Important Internship Numbers:

FRCC Faculty Advisor:___________________________________

Employer:_______________________________________________

FRCC Human Resources:
Boulder County Campus 303-678-3708
Larimer Campus 970-204-8106
Westminster Campus 303-404-5323

For Brighton Center, call the Westminster Campus.

Other:
_____________________________________________
_____________________________________________
_____________________________________________
_____________________________________________
_____________________________________________
To:    FRCC Human Resources Office

I _____________________________________________have agreed to VOLUNTEER
as a _______________________________________at Front Range Community College,
Larimer Campus, in the___________________________________Department from
_______________________(begin date) to approximately_______________________(end date).

I understand that I will not be paid for my services and I am not covered under Worker’s
Compensation and cannot file for medical benefits in case an accident occurs.

_________________________________  _______________________
Signature               Date