



INTERNSHIP CHECKLIST

- **Meet with your Faculty Advisor to discuss your internship.**
- **If your faculty advisor does not have a specific internship in mind, you may access the web based job database from UIW Career Services at www.uiw.edu/career, Handshake. Log-in with your UIW email address and password is your student ID.**
- **You must register for the Internship Class with the Registrar's Office.**
- **Pick up the "Application for Internship" from Career Services. Please note the application requires 4 (four) signatures. You must submit a portion of the application (to Career Services) prior to starting your internship and the other portion (Supervisor Evaluation, Student Evaluation, Time Sheet) when the internship has been completed.**
- **The Career Services office will be happy to assist you in the preparation of your resume, cover letter, interview skills, and information about professional dress.**

University of the Incarnate Word

Career Services Office

Phone: 210.829.3931

Fax: 210.829.6094

careers@uiwtx.edu

PROCEDURES FOR COMPLETING THE APPLICATION FOR INTERNSHIP

1. Students must register for the appropriate class with the Registrar's office.
2. **Fill in the blanks** regarding personal information, credit hours, semester, course number, the name of company/organization and dates the internship will take place.
3. **Obtain signatures from appropriate personnel** (Internship Course Instructor, Academic Advisor, and Internship Supervisor). The signatures serve as verification that you will be involved in the described activities that the internship course instructor approves of as experience being relevant to the major. **We will not accept and process your application without these signatures.**
4. **Return the completed application to Career Services**, Student Engagement Center, Room 3030 ***before beginning assignment***. This application will register the student with the Career Services Office who will serve as a liaison between UIW and local employers.

NOTE: Procedures 1 thru 4 must be completed.

Additional Information:

It is the student's responsibility to check with the internship course instructor about the eligibility requirements to participate in an internship.

- ◆ Suggestions regarding beneficial activities to be gained from the internship (this should be done before meeting with the internship supervisor in order to negotiate for the desired activities).
- ◆ Be prepared to present your resume to the hosting employer during the interview.
- ◆ Develop a tentative schedule of work hours. Be prepared to discuss with the employer, days and times you will be available to work. Keep in mind you must complete a minimum of **140 clock hours to receive three (3) hours of course credit, 280 clock hours to receive six (6) hours of course credit**. For example, 140 hours divided over some 14-week semester averages out to ten hours per week. Consider holidays, mid-term exams and other commitments when developing your schedule. An employer will be able to give you more responsibility if you devote more time during a particular day. For example, if you can only work two hours per day, five days a week, you will only receive minimal responsibility. It would be to the individual's advantage to work six hours one day and four hours on another day. Keep these thoughts in mind as you make out your work schedule.
- ◆ **International Students** who want to do an internship must obtain the appropriate authorization and endorsement of their Form I-20 before they begin their internship. An internship must be an integral part of their course of studies. These conditions apply to any internship, whether paid or unpaid. Before beginning your internship check with the Director of the International Student Office, (210) 805-5705.

UNIVERSITY OF THE INCARNATE WORD
INTERNSHIP PROGRAM APPLICATION

Name _____ Student ID # _____

Local Address _____ Phone # _____ Email _____

Permanent Address _____ Phone # _____

Major _____ Minor _____ GPA _____

Classification (Circle One): FR SO JR SR GR U.S. Citizen (Yes) (No) Status _____

I request permission to undertake a 3 or 6 credit hour Internship during the _____ in _____
(semester/year) (course number)

Are you currently employed (Circle One)? YES NO

Name of Employer, Firm or Organization: _____

Position Title: _____ Salary/Stipend: _____

INTERN SITE INFORMATION

Placed with _____
(Company/Organization)

Address _____ City & State _____ Telephone # _____

Name of Supervisor _____ Title _____

Dates Internship will operate from _____ to _____

Internship is: Non-paid _____ Paid _____ If paid indicate salary/wage _____

Note: A minimum of 140 hours is required for 3 hours and 280 for 6 hours of credit. The exact number of hours will be left to the discretion of the internship course instructor.

SIGNATURES

Student Signature

Date

Internship Course Instructor

Date

Academic Advisor

Date

Internship Supervisor

Date

Once all signatures are obtained, return the completed application to The Office of Career Services, Administration Building, Room 113. It is the student's responsibility to submit this form, as well as the evaluation forms, in a timely manner in order to ensure credit for the work completed.

Please return this form to:
Career Services Office
4301 Broadway, CPO 292
San Antonio, Texas 78209

STUDENT INTERN TIMESHEET

TO BE COMPLETED AND RETURNED TO:

UNIVERSITY OF THE INCARNATE WORD
CAREER SERVICES OFFICE
4301 BROADWAY, CPO 292
SAN ANTONIO, TX 78209

Please verify the dates and hours worked by the student intern.

Name of Student: _____

(Date)

(Hours Worked)

Week 1: _____

Week 2: _____

Week 3: _____

Week 4: _____

Week 5: _____

Week 6: _____

Week 7: _____

Week 8: _____

Week 9: _____

Week 10: _____

Week 11: _____

Week 12: _____

Week 13: _____

Week 14: _____

Week 15: _____

Total hours worked: _____ **Date:** _____

Signature of Supervisor: _____

Thank you for your assistance. We appreciate your supervision of our student intern and hope this experience has been beneficial for you as well as for the student intern.

INTERNSHIP SUPERVISOR'S EVALUATION FORM

PLEASE COMPLETE THIS FORM, SIGN IT IN THE SPACE PROVIDED, AND RETURN TO:

University of the Incarnate Word
Career Services & Professional Development
4301 Broadway, CPO 292
San Antonio, Texas 78209

Name of Student: _____

Name of Supervisor/Title: _____

Name/Address of Firm/Company: _____

Please evaluate the student intern using the following scale:

1 - Excellent 2 - Good 3 - Average 4 - Marginal 5 - Unsatisfactory

	1	2	3	4	5
1. Maintained overall satisfactory attendance record.	()	()	()	()	()
2. Reported to work on a timely basis.	()	()	()	()	()
3. Completed assigned reports/work on a timely basis.	()	()	()	()	()
4. Displayed the ability to work with others.	()	()	()	()	()
5. Reflected an eagerness to do assignments.	()	()	()	()	()
6. Performed quality work within an approp. time period.	()	()	()	()	()
7. Produced the quality of work expected within an appropriate work period.	()	()	()	()	()
8. Effective communication - written & oral.	()	()	()	()	()
9. Ability to deal with new situations related to assigned task.	()	()	()	()	()
10. Ability to accept criticism from supervisor.	()	()	()	()	()
11. Ability to work as a team member.	()	()	()	()	()
12. Ability to learn new skills and/or function beyond what was expected.	()	()	()	()	()
13. Overall internship performance.	()	()	()	()	()

Evaluation results have been discussed with student intern. _____ YES _____ NO

Would you consider supervising other interns in the future? _____ YES _____ NO

Signature of Supervisor: _____

