

Plant Sciences & Plant Pathology Internship Clearance Form

Rubric & No.	Credits*	Semester	Year
HORT 498			

*1-6 credits maximum per semester, determined by the on-campus internship advisor – 12 maximum total credits can be applied to degree for graduation. General guideline for Horticulture Internships, 80 hours of internship for 1 credit.

Student Name _____

First
Middle
Last

GID # _____ Signature _____

Cooperator Name: _____

Cooperator Address: _____

APPROVAL:

The above-named student has satisfactorily completed the application forms necessary for internship approval. The terms and requirements set forth above are agreed to by the undersigned:

 (Signature of Student)

 (Date)

 (Signature of Cooperator)

 (Date)

 (Signature of Internship Advisor)

 (Date)

 (Signature of Department Head)

 (Date)

When the completed form has been approved and signed by the coordinator, it is brought to the department secretary where the student picks up a restricted entry card prior to registration for the internship.

Form A - Student Application Form

Student Name _____

Major/Option: _____ Credits completed: _____

Semesters completed: _____ Cumulative GPA: _____

On-Campus Internship Advisor _____

Cooperator _____

Internship Position Title/Description _____

On the remainder of this page, explain why you want to be involved in this program and what you hope to gain from it.

Form B - Memorandum of Understanding

Student Name _____

On-Campus Internship Advisor _____

Cooperator _____

Cooperator contact information
Direct Supervisor:
Phone:
Address:
E-mail:

Internship Information	
Dates of Program:	
Beginning _____	
Ending _____	
Compensation (hourly rate):	Length of work week (hours):
Projected vacation days:	Number of weeks:
Other benefits (housing, insurance, travel stipend, etc.)	

Proposed Internship – Attach a sheet outlining all expected work experience. An outline form showing weekly responsibilities is preferred.

Form C - University Liability Statement

Montana State University
Bozeman, MT 59717-3140

I, the undersigned student intern, understand that Montana State University, herein identified as the University, has worked with the Cooperator named in the attached Memorandum of Agreement to develop an internship program which meets the University's educational criteria. Therefore, I understand that if I, as a student intern, successfully complete the intern program as set forth in the Memorandum of Agreement, appropriate credit will be granted by the University.

I understand that since the daily managerial control and working conditions of the internship program are handled by, and are under the sole direction of, the Cooperator, the University does not have, nor can it assume, any liability relative to my safety and health for the entire duration of the internship program; and that therefore I assume all risks relative thereto.

I acknowledge that I have been advised to review with the Cooperator what employee benefits are available to me (i.e., liability insurance). As stated above, the University will not be liable in any way and, therefore, if adequate benefits are not available, I must make my own arrangements for accident and health protection.

Signature of Student

Date

<p>Form D - Student's Bi-Weekly Report Email or mail to your on-campus internship advisor MSU, Plant Sciences and Plant Pathology PO Box 173140 Bozeman, MT 59717-3140</p>	<p>Dates of Report:</p> <p>Begin _____</p> <p>End _____</p> <p>Hours worked _____</p>
<p>Student's Name:</p>	
<p>Student's Address:</p>	
<p>Cooperator's Name:</p>	
<p>Cooperator's Address:</p>	
<p>Brief Outline of Activities:</p>	
<p>Summarize briefly what new knowledge and experience have been gained. This should be based on what was described on Form B.</p>	
<p>Problems, concerns or suggestions</p>	
<p>Student's Signature:</p>	<p>Date:</p>

Form E - Cooperator's Final Evaluation		Wages:	
		Begin _____	
		End _____	
Student's Name:			
Rating of Student's Characteristics: Using the rating scale outlined below, please evaluate the following characteristics for the above-named student. If the student made noticeable improvement in any of the characteristics during his/her program, check the 'improved' column. 1 = Excellent 2 = Very Good 3 = Average 4 = Unsatisfactory	Characteristics	Rating	Improved
	Ability to learn		
	Interest in learning		
	Speed of completing responsibilities		
	Willingness to receive guidance		
	Ability to perform without supervision		
	Relationship with other employees		
	Dependability & reliability		
	Judgment		
	Personal appearance		
	Care or respect for property/facilities		
	Courtesy		
	Overall Performance		
Were the student's contributions in line with the wages received?		Do you have complete confidence in this student's honesty?	
<input type="checkbox"/> yes <input type="checkbox"/> no		<input type="checkbox"/> yes <input type="checkbox"/> no	
What characteristics of the intern did you find most helpful or valuable to your operation?			
In what ways can the student improve?			
If a similar position were open would you hire this student? If not, why?			
Other comments, particularly related to the value of the internship program:			
Signature of Cooperator:			Date:

Form F - Student's Final Evaluation				
Student's Name:				
How much did you learn in comparison to what you had planned? <input type="checkbox"/> more than expected <input type="checkbox"/> about what expected <input type="checkbox"/> less than expected				
<p>Reflect on your performance: Using the rating scale outlined below, please evaluate your performance while involved in the program. If you felt you made noticeable improvement in any of the characteristics since the beginning of the program, check the 'improved' column.</p> <p>1 = Excellent 2 = Very Good 3 = Average 4 = Unsatisfactory</p>	Characteristics	Rating	Improved	
	Speed of completing responsibilities			
	Willingness to receive guidance			
	Ability to perform without supervision			
	Relationship with other employees			
	Dependability and reliability			
	Judgment			
	Personal appearance			
	Enthusiasm			
	Courtesy			
Overall Performance				
Rate your internship experience				
What were the STRONG points of your program?		What were the WEAK points of your program?		
Would you recommend a similar experience for other students who might follow you? Why or why not?				
Did you feel that you were justified in receiving University credit for this experience? Why?				
Circle the description that best gives an overall evaluation of this particular internship:				
Outstanding	Excellent	Good	Fair	Poor
Signature of Student:			Date:	

Attach a final report summarizing your experience on this internship.

Form G – On-Campus Internship Advisor's Final Evaluation

Student's Name: _____

1. Did the internship provide the originally agreed-upon learning experience (based on bi-weekly reports)

Yes _____
Marginally _____
No _____

2. If the ranking of the internship was marginal or unsuccessful, was it due to:

_____ Lack of motivation on student's part;
_____ Personality conflict with cooperator;
_____ Lack of motivation on cooperator's part
_____ Unforeseen changes in planned work experience.

3. Would you recommend the same cooperator for other students? Why or why not?

4. Circle the number that best gives an overall evaluation of this internship:

<u>Outstanding</u>	<u>Excellent</u>	<u>Good</u>	<u>Fair</u>	<u>Poor</u>
10 9	8 7	6 5	4 3	2 1

Signature of On-Campus Internship Advisor

Date