

INTERNSHIP PROGRAM PROPOSAL

Institution/Agency	Internship Title
Address	Supervisor
Phone	Phone (if different)

I. **GOALS OF INTERNSHIP:** Describe the general purpose and goals of the internship with your Institution / Agency

II. **INTERN DUTIES:** Please list duties the intern will perform;

III. **INTERN RESPONSIBILITIES:** Identify the general and specific responsibilities which apply to the intern in the performance of the duties listed above (e.g. maintenance of records, work schedule, confidentiality, etc.)

IV. **INTERN SKILL DEVELOPMENT/TRAINING:** Identify specific training provided and/or skills which the intern will develop.

V. **SPECIAL REQUIREMENTS:** Please list any special requirements the Institution/Agency has regarding the internship; (e.g.. day/hours requirements, provisions for travel, course background etc.)

VI. **INTERN SUPERVISION:** Provide name and title of supervisor, and detail the method(s) and schedule for supervision.

VII. RESPONSIBILITIES OF ST. ANSELM COLLEGE: Listed below are the College's responsibilities which apply to all interns. Space is provided should you require additional responsibilities of the College.

- Internship coordinator will contact the agency before and after referring a student for an interview.
- Intern coordinator will meet with the site supervisor twice during the semester, and more often if necessary.
- Intern coordinator will promptly respond to concerns of the supervisor or intern.
- Intern coordinator will meet for three scheduled seminars with all of the interns during the semester, and remain available to interns on an individual basis as needed.
- Intern coordinator requires notification by the intern in the event of absence.
- Intern coordinator will issue the final grade to the intern, based upon supervisor's evaluation, coordinator's evaluation and the intern's participation in seminars and final paper.

VIII OTHER CONSIDERATIONS:

In signing this proposal I certify that I have read and agree to comply with the St. Anselm College Internship Policy statement.

SIGNATURE
INSTITUTION / AGENCY REP.

Date

SIGNATURE
SUPERVISOR

Date