Because many well-respected firms offer only non-paying internships for which the student MUST earn academic credit, we have established a special one-credit, S/U independent study option to meet these needs. YOU ARE NOT ELIGIBLE FOR CREDIT IF YOU ARE PAID.

Eligibility requirements and conditions include:

1. Open to AEM majors ONLY.
2. S/U credit only.
3. You must complete the necessary enrollment arrangements, including the required signatures on the Internship Contract (form attached). The internship contract must be completed before the internship coordinator can certify the granting of credit for an internship. **The contract must be filled out legibly, signed by the employment supervisor and submitted to obtain credit. THERE WILL BE NO EXCEPTIONS!**
4. Performance appraisal form (attached) must be completed and signed by your internship supervisor and received by the Program Coordinator before the last day of classes of the semester for which credit is to be granted. **IT IS YOUR RESPONSIBILITY TO SEE THAT THIS FORM IS SENT TO THE PROGRAM COORDINATOR.** If the form is not forwarded to the Program Coordinator, you will receive an unsatisfactory grade for the course.
5. You must submit the following materials by the last day of classes in the fall semester:
   a. Internship job description and copies of training materials provided as part of the internship [if any are provided to you].
   b. A weekly diary including descriptions of what you did for the week, what you learned and any reflections or insights you had.
   c. A three- to five-page summary statement reflecting on how the internship related to your academic program.

In general, if you receive a “minimally satisfactory” or better rating from your internship supervisor, and your journal and written statement are complete and thoughtfully done, you will receive an S for the course. The Internship Coordinator, however, retains final responsibility for determining whether you receive credit.
INTERNSHIP CONTRACT
Due - June 1

Student’s Name ___________________________ Cell Phone _______________ Email__________
CUID#_________________ Faculty Advisor______________________________________________
Organization/Firm __________________________________________________________________
Address ______________________________________________________________________________
Supervisor/Contact Person _____________________________________________________________

Phone ___________________ Email ____________________________________________

Internship Period ________________________________________________________________

<table>
<thead>
<tr>
<th>Internship Duties and Responsibilities</th>
<th>Percent of Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td></td>
</tr>
<tr>
<td>2.</td>
<td></td>
</tr>
<tr>
<td>3.</td>
<td></td>
</tr>
<tr>
<td>4.</td>
<td></td>
</tr>
</tbody>
</table>

Academic background required by organization or firm:

Skills required by organization or firm:

Highest level task you expect to have accomplished by the end of the internship:

Pay or remuneration:

Student’s Signature ___________________________ Date _____________
Faculty Advisor’s Signature ___________________________ Date ____________
Firm Internship Supervisor’s Signature ___________________________ Date ___________
Program Coordinator’s Signature ___________________________ Date ___________
## CONFIDENTIAL

**STUDENT INTERN PERFORMANCE APPRAISAL**
**TO BE COMPLETED BY INTERNSHIP SUPERVISOR**

Student Name ____________________________ Period: (from) ______ (to) ______

(mo./yr.)               (mo./yr.)

Organization/firm: ____________________________________________________________

Supervisor ____________________________ Title ________________________________

Address __________________________________ Phone __________________

<table>
<thead>
<tr>
<th>Internship Duties and Responsibilities</th>
<th>Percent of Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td></td>
</tr>
<tr>
<td>2.</td>
<td></td>
</tr>
<tr>
<td>3.</td>
<td></td>
</tr>
<tr>
<td>4.</td>
<td></td>
</tr>
</tbody>
</table>

Please review the following evaluation factors, making specific comments in each category and rate the student on a scale of 1 to 5.

1 - Unsatisfactory performance  
2 - Minimally satisfactory performance  
3 - Average performance  
4 - Above average performance  
5 - Outstanding performance
**JOB UNDERSTANDING**

1. **Job Knowledge:**
   Understanding of objectives, duties, and responsibilities
   
   Knowledge:
   
   Comments

2. **Technical Knowledge:**
   Ability to apply methods and skills necessary to accomplish work.
   
   Knowledge:
   
   Comments

3. **Quality of Work:**
   Accuracy, thoroughness, usefulness and dependability of results.
   
   Knowledge:
   
   Comments

4. **Quantity of Work:**
   Manner in which student managed his/her time effectively.
   
   Knowledge:
   
   Comments
5. **Use of Time:** Manner in which student used available time to attain acceptable performance; attention to deadlines.

   Comments

---

**FACTORS INFLUENCING PERFORMANCE**

6. **Work Attitude and Cooperation:** Extent to which student demonstrated a positive attitude and promoted cooperation with supervisors, co-workers, and others.

   Comments

---

7. **Dependability:** Extent to which student could be counted upon to carry out instructions and fulfill position responsibilities.

   Comments

---

8. **Judgment:** Extent to which student exhibited good judgment in carrying out internship responsibilities.

   Comments
ADDITIONAL COMMENTS

List below any additional observations not included on the performance appraisal. Consider creativity and innovation, initiative, self-development, flexibility, response to work pressure, tact in relationships with others, knowledge and interest in the internship.

SUMMARY COMMENTS

Include student’s areas of strength, areas needing improvement, recommendations for personal career growth.

OVERALL EVALUATION

Check one based on above comments and ratings:

_____ Unsatisfactory performance
_____ Minimally satisfactory performance
_____ Average performance
_____ Above average performance
_____ Outstanding performance

Supervisor’s Signature ________________________________________   Date _____________

Please return this form directly to:

Adrienne Wilson
Program Coordinator
210E Warren Hall
Ithaca, New York 14853-7801
t. 607.255.8472
f. 607.255.9984
e. aaw25@cornell.edu