MCRP INTERNSHIP AGREEMENT & REGISTRATION FORM

The student must complete this form, secure all three signatures, and submit the form to the Graduate Advisor before enrolling in the Internship-for-credit elective course.

Eligibility requirements:

1. Minimum overall grade point average of 3.0 and no outstanding incompletes.
2. 20+ hours of completed coursework in the MCRP program.
3. Internship form must be approved by program director to register the Internship-for-credit course.
4. No credit will be given for previous internship experience or professional activities.
5. Maximum credit is 3 hours.

This form must be completed and approved before a student may register for the internship course and before the activities for which credit is requested have begun. Internships are graded on a pass/fail basis. No incomplete ‘I’ grading is available in this course.

Parties to the Agreement

1. STUDENT: _______________________________________________________________________
   EMAIL: ___________________________ Expected Graduation Date: _________________________
   EMPHASIS AREA: _________________________________________________________________

2. EMPLOYING/SPONSORING ORGANIZATION: __________________________________________
   Telephone_________________________ e-mail ____________________________________________
   Supervisor’s name/title_____________________________________________________________
   _____________________________________________________________________________

3. PROGRAM DIRECTOR:___________________________________________________________

Duration of Internship

Expected duration of internship: from_________________ to_________________ (month,day,year)
Hours work per week: __________________________

Nature of Work

Nature of work and expected product(s)
__________________________________________________________________________________
__________________________________________________________________________________
__________________________________________________________________________________
__________________________________________________________________________________
The student, employer/sponsor (E/S) and MCRP program agree to the following internship conditions:

1. The E/S will provide the student intern with a meaningful professional work experience. This can include but will not be limited to assisting staff members with relevant planning projects, preparing design and planning proposals, reviewing development applications, disseminating information to the public, researching, analyzing and preparing technical reports, and making public presentations.

2. The E/S will evaluate the student for his/her performance during the period of internship on the MCRP form provided and submit this form within seven calendar days prior to the completion of the internship. The E/S supervisor will provide the intern feedback on his/her performance and coaching opportunities for a reflective on-the-job learning experience.

3. The intern is expected to perform at his/her highest level commensurate with his/her education and talent, and to be appreciative of the effort expended by the E/S in giving this opportunity to the student. The intern is expected to abide by the specified conditions of employment as a regular employee.

4. For academic credit the intern is expected to keep a weekly journal of lessons learned during the internship, complete the Student Internship Report, and submit: (1) the journal, (2) “Student Internship Report,” and (3) the supervisor’s “Student Intern Performance Evaluation” to his/her major professor no later than the last day of classes of the semester in which the student enrolled the internship course. No incomplete ‘I’ grading is available for this course.

5. The MCRP Program will give 3 semester credit hrs of academic credit for 300 hours (equivalent to 20 hrs per week for 15 weeks) worked during the semester (spring or fall) and 275 (equivalent to 25 hrs per week for 11 weeks) during the summer semester.

If applicable, attach a copy of the job description to this form and include the amount of compensation provided.

Accepted by:
Name and signature of student intern ______________________________________________________ Date______________

Name and signature of employer/sponsor supervisor____________________________ Date______________

Name and signature of Program Director
_______________________________________________________________________________ Date______________

Received by graduate advisor: ____________________________ Date______________