



BAKER UNIVERSITY

CAREER DEVELOPMENT CENTER
P.O. Box 65 Baldwin City, Kansas 66006
785-594-8382 • fax 785-594-4568
www.bakeru.edu

CAREER INVOLVEMENT AGREEMENT

The typed, completed Career Involvement Agreement is due before the last day to enroll for the period you will be participating in the Career Involvement Program (CIP)/Internship.

(Typing is required. Professional appearance is important.)

ENROLLMENT PERIOD: (After the term for which you are enrolling, write in the **calendar year**.)

- Fall Interterm Spring Summer Session I Summer Session II
 Year: _____ Year: _____ Year: _____ Year: _____ Year: _____

COURSE NUMBER AND CREDIT HOURS:

- II 255** (first Interterm internship; 3 credit hours) **II 355** (second Interterm internship; 3 credit hours)
 CI 260 (first internship during fall, spring, or summer; 1-3 credit hours)
 CI 360 (second internship during fall, spring, or summer; 1-3 credit hours)

Number of credits: _____ *Credits to be earned must be approved by the faculty sponsor.*

(Each semester credit hour requires a minimum of 40 working contact hours. Each Interterm credit hour requires a minimum of 40 working contact hours.)

NOTE: The student also must complete an enrollment form at the Office of Records and Registration

Internships are graded on a pass/no credit basis.

Student's Name: _____ Major/s: _____
 Classification: _____ Compensation: Non-paid Paid = \$ _____ hr/ week/ month
 Internship Title: _____
 Department or Division: _____
 Home Mailing Address (during Internship): _____
 Home Telephone (during internship): _____ Social Security #: _____
 Baker E-mail Address: _____
 Faculty Sponsor's Name and Title: _____
 Faculty Sponsor's Dept.: _____

Company/Agency Name: _____
 Work Supervisor's Name and Title: _____
 Mailing Address: _____
 Telephone: _____ Fax: _____
 E-mail Address: _____

Number of weeks of internship: _____
 Approximate number of hours per week: _____
 Total hours of work planned for internship: _____
 The internship period begins on _____
 (specify month, day, and year)
 The internship will run until at least _____
 (specify month, day, and year)

- **JOB DESCRIPTION:** 1.) Describe the nature of your employer's organization. 2.) Describe your duties or specific tasks as an intern. (Work Supervisor can assist here.)
- **LEARNING OBJECTIVES:** Outline the skills and competencies you want to have at the end of the semester. Exactly what do you want to learn from this experience? (Faculty Sponsor will assist here.)
- **QUALIFICATIONS:** Describe your skills, previous experience, and college work that has prepared you for this internship.

METHOD OF EVALUATION:

- **Work supervisor evaluation, including record of hours worked is required.**
This evaluation is submitted to faculty sponsor upon completion of the internship.
- **Additional evaluation requirements:** *(Indicate those required by your faculty sponsor.)*
 - Term Project Final Report Term Paper Samples of work
 - Journal Submitted Weekly Journal Submitted at Conclusion of Experience
 - Self Evaluation Other (explain): _____
- **Level of Contact** between student and faculty sponsor will be maintained by:
 - Appointments Phone Conversations Correspondence
 - On-site visits Other (explain): _____

As participants to this agreement, we approve this Career Involvement Program internship:

Work Supervisor: _____ Date: _____

Faculty Sponsor: _____ Date: _____

NOTE: The student is responsible for obtaining internship approval and signatures from the work supervisor and faculty sponsor. **The student must schedule a time to meet with his or her faculty sponsor to review this agreement, and discuss the internship and its learning objectives.**

STATEMENT OF UNDERSTANDING

I understand that this completed Career Involvement Agreement must be submitted to the Career Development Center and the necessary enrollment form must be submitted to the Office of Records and Registration. Both of these forms must be submitted before the last day to enroll for the period of the internship. Failure to do so will result in no academic credit for the internship.

Student Signature: _____ Date: _____

Review /verification of Career Involvement Agreement and corresponding academic enrollment:

Signature of CDC Director: _____

Date: _____

Signature of Director of Records and Registration: _____

Date: _____