



**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)



**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:** \_\_\_\_\_