University of Idaho
College of Agricultural and Life Sciences

Department of Plant, Soil, and Entomological Sciences
PO Box 442339
Moscow, Idaho 83844-2339

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Student Internship Program – PLSC 398

The internship program gives students an opportunity to obtain university credit for valuable work experience. The student is responsible for finding an appropriate job.

Eligibility
Students must complete at least 60 university credits in order to be eligible for the internship program.

Prior Approval
Students who wish to pursue internship opportunities must first receive approval from Dr. Robert Tripepi (208-885-6635, btripepi@uidaho.edu). Approval is required prior to registration and prior to beginning the job.

Credits
Students may register for 1 to 6 credits and must complete at least 2 weeks of full-time work for each credit earned. Grading will be pass/fail (P/F).

Onsite Instructor Visit
Midway through the work experience, the instructor may visit the student intern at the work site to evaluate whether the program is progressing to the satisfaction of both the student and the employer.

Final Reports
At the conclusion of the internship, each student must present an oral and written report.

Oral Report:
Informal, 10 minute summary of experience presented to Plant Science undergraduate students

Written Report (4-6 pages):

1) Explain the employer's business and objectives.
2) Explain what you did and learned during your internship experience.
3) Evaluate the experience.
Did you learn the things you had hoped to learn? How could the experience be improved for the next student? Would you recommend this to others? Would additional course work have been valuable to you prior to starting the internship? Has this experience modified your career goals or changed your thoughts about what you wish to do professionally?

Documentation
Please complete and return the following required forms to Dr. Robert Tripepi according to the timeline below:

Prior to Internship:	After First Month of Internship:	Completion of Internship:
Statement of Intent	Periodic Report	Cooperator's Final Evaluation
University Liability Statement		

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STATEMENT OF INTENT

Name Last First Middle Initial Date

Phone Vandal Email Address

Mailing address City State Zip

Mailing address during internship (if different) City State Zip

Major:

Emphasis:

Semester and year commenced current major/emphasis:

Total University credits completed:

Internship employer information:

Employer name:

Cooperator name/title:

Cooperator mailing address:

Cooperator phone:

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PSES Internship Program: Statement of Intent (page 2)

Description of anticipated work experience:

Relationship of work experience to future employment:

I wish to register for PLSC 398 for _____ credits for the _____ (semester) _____ (year) term.

Student Intern Signature Date

Approved by Internship Committee Chair Date

Please return to Dr. Bob Tripepi *prior to* beginning internship (PSES, PO Box 442339, Moscow, ID 83844-2339; btripepi@uidaho.edu)

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UNIVERSITY WAIVER OF LIABILITY STATEMENT

The College of Agricultural and Life Sciences has worked with the cooperator to develop an internship which meets the college's criteria. Therefore, the University will grant appropriate credit if the student successfully completes the internship program. However, the daily managerial control and working conditions of the intern program are handled and are under the sole direction of the cooperator. Consequently, the University does not have, nor can it assume any liability relative to the protection of the individual intern.

In light of the above, the intern is urged to review with the cooperator what employee benefits are made available to the intern (e.g. health and accident insurance, workers' compensation, and liability insurance). If adequate benefits are not available, the intern may wish to make his/her own arrangements.

I hereby understand that the University of Idaho does not have, nor can it assume, any liability relative to my protection during the internship program period.

_____

Student Intern Signature Date

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PERIODIC REPORT

Name Last First Middle Initial Date

Phone Vandal Email Address

Mailing address City State Zip

Mailing address during internship (if different) City State Zip

Employer name:

Cooperator name/title:

Cooperator mailing address:

Cooperator phone:

Time Period From (mm/dd/yyyy): To (mm/dd/yyy):

Brief outline of activities:

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PSES Internship Program: Periodic Report (page 2)

Summarize briefly what new knowledge and experiences you have gained:

Problems, concerns, or suggestions:

Student Intern Signature Date

Please return to Dr. Bob Tripepi *upon completing first month* of internship (PSES, PO Box 442339, Moscow, ID 83844-2339; btripepi@uidaho.edu)

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COOPERATOR FINAL EVALUATION

_____
Student Intern Name

A. Rating of Student Characteristics
Please use the following rating scale to evaluate the characteristics of your student intern. Please indicate with a check mark if the student made noticeable improvement during the program.

Rating Scale: 1 = Excellent, 2 = Very Good, 3 = Average, 4 = Fair, 5 = Unsatisfactory

Rating	Characteristic	Demonstrated Improvement
_____	Ability to learn	_____
_____	Interest in learning	_____
_____	Speed of completing responsibilities	_____
_____	Ability to perform without supervision	_____
_____	Willingness to receive guidance	_____
_____	Relationships w/ other employees	_____
_____	Dependability and reliability	_____
_____	Judgment	_____
_____	Professional appearance	_____
_____	Enthusiasm	_____
_____	Courtesy	_____
_____	Overall performance	_____

B. General Questions
1. What characteristics did you like most about this student?

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2. In what ways can the student improve?

3. Other comments:

Cooperator Signature | Title | Employer Name | Date

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