

Moscow, Idaho 83844-2339 Phone (208) 885-6274

Fax (208) 885-7760 http://www.ag.uidaho.edu/pses

STUDENT INTERNSHIP PROGRAM – ENT 398

Prior Approval

The internship program gives students an opportunity to obtain university credit while gaining valuable work experience. The student is responsible for finding an appropriate job. Students are required <u>prior to registration</u> and <u>prior to beginning the job</u>, to get approval from Dr. Sanford Eigenbrode (<u>sanforde@uidaho.edu</u>, 208/885-2972).

Credits

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

Students must have completed at least 60 university credits to be eligible for the internship program.

Visit During Internship

Midway through the work experience, the instructor will try to visit the student intern at the work site to be sure the program is progressing to the satisfaction of both the student and the employer.

Final Reports

Following the internship, each student must complete a written report (4 to 6 pages) and must give an informal oral report (about 10 minutes) to Entomology undergraduates. The written report should include three elements: 1) Explain the employer's business and objectives; 2) Explain what you did and learned during your internship experience; and 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?

Forms to Complete

Please see attached forms that need to be completed and returned at the appropriate times.

Return this complete form to Sanford Eigenbrode <u>prior to</u> beginning the Internship Program

Internship Program Department of Plant, Soil and Entomological Sciences College of Agricultural and Life Sciences University of Idaho

STATEMENT OF INTENT

Name			Dat	te	
(last)	(First)	(Middle)	<u> </u>		
Local Address					
Local Phone		_ E-mail Add	ress		
Summer Address (if different	ent)				
I have majored in			w	ith a specialty in	
	at th	e U of I since _			
I have completed			(term)	(year)	
Name of firm employing	you				
Complete mailing address	s of firm				
Name of employer and/or	evaluator				
Phone number of employ	er				
Description of work expe	rience expected				
Relationship of work exp	erience to future e	mplovment			
		-			
I wish to register in Ent 3	98 (Internship for	,	eradits in		
-	_		((term) (year)	
Signature of Student					
Internship Committee Ch	airman (if approved))			

Return to Sanford Eigenbrode prior to beginning of Internship

Internship Program College of Agricultural and Life Sciences University of Idaho

UNIVERSITY 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, if the student intern successfully completes the intern program, appropriate credit will be granted by the university. 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, i.e. health and accident insurance, workmen's 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 protection during the internship program period.	can it assume any liability relative to	my
Student Intern Signature	Date	

Return to Sanford Eigenbrode after first month of work.

Internship Program College of Agricultural and Life Sciences University of Idaho

PERIODIC REPORT

Student's Name					
Mailing Address					
Cooperator's Name					
Cooperator's Address					
Time Period	20	to		_20	_
Brief Outline of activities:					
Summarize briefly what new knowle	edge and expe	eriences hav	e heen gained:		
Summarize orieny what new knowle	age and exp	criences nav	e occii gainea.		
Problems, concerns, or suggestions:					
		Stud	dent's Signature		
		Date	e		

Please return to:
Sanford Eigenbrode
Dept. Plant, Soil & Ent. Sciences
University of Idaho
Moscow, ID 83844-2339

Return to Sanford Eigenbrode at completion of Internship

Internship Program

College of Agricultural and Life Sciences

University of Idaho

COOPERATOR'S FINAL EVALUATION

Stude	nt's Name		Date			
A.	Rating of Student Characteristics Using the rating scale, please evaluate the following characteristics for the above student. If the student made noticeable improvement in any of the characteristics during his or her program, also check column 2.					
	Rating Scale: 1 = EXCEI 2 = VERY 3 = AVER. 4 = FAIR 5 = UNS A	GOOD				
	Characteristics		Check if Impressince the Beging of the Program	inning		
	Ability to learn Interest in learning Speed of completing responsib Ability to perform without sup Willingness to receive guidanc Relationships with other emplo Dependability and reliability Judgment Personal Appearance Enthusiasm	ilities ervision e byees				
	Courtesy Overall Performance	<u> </u>		<u> </u>		
В.		ou like most about this student? ent improve himself/herself?				
	·	•				
	3. Other comments:					
			Cooperator's Signature			
	Date		Position			

Please return completed evaluation to: Sanford Eigenbrode Dept. Plant, Soil & Ent. Sciences University of Idaho Moscow, ID 83844-2339