PURPOSE: La Roche College offers internships to students as an opportunity to integrate formal education and learning in an academic area with field experience.

POLICY: An internship is completed in an area related to a student’s major. **One to six credits may be earned for an internship experience, with no more than a total of six credits earned over the student’s tenure at the College.** Students may apply for an internship once they have earned 30 credits. Students must be in good academic standing to begin an internship.

Good academic standing is defined as having both a semester and cumulative GPA of 2.0 or higher. Additionally, the student may not be on Academic Warning, Probation, Suspension, or Dismissal. Internships may begin when a student has completed a minimum of 45 credits. Individual academic departments and/or internship sites may have more restrictive guidelines/requirements in addition to those printed here.

If an internship is being done for academic credit, students must complete the appropriate internship paperwork and submit it to the Office of the Registrar during the registration period of the given semester in order to be registered for the credit(s). Internship paperwork may not be backdated or saved to be added in a future semester.

All expenses incurred during an internship are the responsibility of the student. There is no guarantee that a student will be paid or will earn a stipend for an internship. If a student opts to do an internship for credit, the internship is billed to the student’s account as is any other academic course taken at La Roche College.

The La Roche College faculty supervisor will generally be a full-time faculty member from the student’s major department area. If a full-time faculty member from the academic area is unavailable to be a supervisor, the department chair may designate another qualified supervisor.

It is the responsibility of the student and the faculty supervisor, in conjunction with the internship-site supervisor, to set the parameters of the internship in order to ensure that all requirements are met and that all parties agree to the terms of the internship contract. For each credit, the student must document a minimum of 45 hours of work between the internship site and related academic

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assignments such as a journal, paper, and/or research project. Of the 45 hours per credit, experiential learning must comprise a *minimum* of 30 hours. The exact proportion of time spent in the field and on related academic work is determined by the faculty supervisor.

All paperwork must be submitted to the faculty supervisor at the end of the internship in order for a grade and credit to be granted. This includes the timesheet, final-hours documentation, and both the employer and student evaluations.

The internship may be taken for one to six credits. The breakdown of credits and required hours is as follows:

<table>
<thead>
<tr>
<th>CREDITS</th>
<th>TOTAL HOURS REQUIRED</th>
<th>APPROXIMATE HRS/WK *</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 CREDIT</td>
<td>45 hours</td>
<td>3 hours per week</td>
</tr>
<tr>
<td>2 CREDITS</td>
<td>90 hours</td>
<td>6 hours per week</td>
</tr>
<tr>
<td>3 CREDITS</td>
<td>135 hours</td>
<td>9 hours per week</td>
</tr>
<tr>
<td>4 CREDITS</td>
<td>180 hours</td>
<td>12 hours per week</td>
</tr>
<tr>
<td>5 CREDITS</td>
<td>225 hours</td>
<td>15 hours per week</td>
</tr>
<tr>
<td>6 CREDITS</td>
<td>270 hours</td>
<td>18 hours per week</td>
</tr>
</tbody>
</table>

*Approximate hours per week are based on a 15-week semester

**FACULTY SUPERVISOR RESPONSIBILITIES:**

- Assist the student in completing paperwork for the internship (Internship Contract and Internship Application) and direct students to take completed application and contract to the Registrar’s Office. **All internship paperwork may be found under the academic tab on the La Roche College web portal My La Roche or by going directly to the heading “Internship” on** [https://my.laroche.edu/ICS/Academics/](https://my.laroche.edu/ICS/Academics/).
- Perform a minimum of two (2) site contacts with the internship site supervisor by telephone, e-mail and/or personal visit.
- Establish a method for evaluation and regular meetings with the student to discuss the internship experience and its relation to the student’s academic major.
- Encourage the student to keep a journal of her/his internship experience.
- Submit a final grade.
- Submit Online Internship Documentation Form at the conclusion of the internship. Faculty supervisors are expected to document a minimum of two contacts made with each internship site supervisor.
INTERNSHIP PROCEDURES:

1. The process of securing an internship site and applying for the internship is the sole responsibility of the student. The Office of Student Academic Support Services will assist students in researching and locating internships, as well as provide workshops and/or individual coaching in preparation for the internship experience.

2. An internship may be initiated by a student, faculty member, the Office of Student Academic Support Services or an employer. Students may begin the search for an internship by logging on to www.collegecentral.com/laaroche.

3. **If an internship is being done for academic credit, students must complete the Internship Contract and Internship Application and submit both to the Office of the Registrar, ZCC 224, during the academic advising and registration period. Late registration may have financial aid and/or billing implications.**

4. Once registered, an Internship/Practicum Agreement will be sent by the Office of Student Academic Support Services to the internship site supervisor.

5. Students will not be able to register for an internship online.

**For information or questions regarding internships:**
Call: (412) 536-1788  or E-Mail: rebecca.rosswog@laroche.edu
INTERNERSHIP APPLICATION

Please print and return along with the Internship Contract to the Registrar’s Office, ZCC 224. *

Semester: ___Summer___Fall___Spring  Year:______  Major: _________________________________

Last Name________________________ First Name________________________  Student    ID#:________________

Complete Address___________________________________________________________________________

Telephone #________________________ Email____________________________________________________________________

Cumulative QPA ________________  Have you already completed an internship? ___Y____N

A cumulative QPA of 2.75 or higher is required  If yes, how many internship credits have you earned to date? _____

La Roche College Faculty Supervisor ____________________________________________________________

INTERNERSHIP SITE INFORMATION:

Internship Site Name______________________________________________________________

Address_______________________________________________________________________________

City________________________________ State________________ Zip Code___________________________

Internship Site Supervisor’s Name___________________________________________________________

Internship Site Supervisor’s Title___________________________________________________________

Telephone #________________________ Fax#________________________ Email________________________________

Are you doing this internship for credit? ______YES______NO

*If an internship is being done for academic credit, students must complete the Internship Contract and Internship Application and submit both to the Office of the Registrar, ZCC 224, during the academic advising and registration period. Late registration may have financial aid and/or billing implications.

By signing this form, I understand that internship paperwork turned in AFTER the end of the drop/add period may result in additional tuition and/or fees and may have financial aid implications AND that if taking the internship for credit, I will be billed for the internship at the same tuition rate as any other course.

Student’s Signature ___________________________ Date _____________________________

By signing this form, I as the faculty internship supervisor attest that the student intern meets the department’s QPA requirement, has an appropriate number of credits to do the internship AND that the internship site has been approved.

La Roche Faculty Supervisor’s Signature ___________________________ Date _____________________________

FOR OFFICE USE ONLY:

Copies to: _____Student_____Advisor_____Academic Affairs_____Student Academic Support Services

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INTERNSHIP CONTRACT

Complete and return with the Internship Application to the Registrar’s Office, ZCC 224.

Semester: ___Summer___ Fall ___Spring ___ Year: ______ Major: ________________________________

Number of credits: ___1___ ___2___ ___3___ ___4___ ___5___ ___6___ ___No Credit

Have you already completed an internship? Y N If yes, internship credits earned to date? ______

PLEASE PRINT

Last Name________________________ First Name________________________ ID#_____________________

Address_________________________________________________________________________________

Telephone#_________________________ E-Mail_________________________________________________________________________________

Internship Site________________________________________________________________________________

Please complete the following in consultation with your faculty supervisor and your internship site supervisor. (Attach additional sheet if necessary.)

Statement of purpose of internship:

Objectives of the internship experience:

Description of activities to be performed during the internship:

Relationship between academic theory and the internship experience:

Expected outcome of the internship experience:

Method(s) of evaluation:

Grading Type: P/F_____ LT_____

Student’s Signature/Date ___________________________ La Roche Faculty Supervisor’s Signature/Date ___________________________

Academic Advisor’s Signature/Date ___________________________ Internship Site Supervisor’s Signature/Date ___________________________

Academic Division Chair’s Signature/Date ___________________________

FOR OFFICE USE ONLY:
Copies to: Student Advisor Academic Affairs Student Academic Support Services

Revised 4/2017
Internship Timesheet

PLEASE PRINT

Last Name________________________First Name________________________ID____________________

Semester: Summer___Fall___Spring___Year:___________

Major:________________________________________

Number of credits: 1___2___3___4___5___6___No Credit___

La Roche Faculty Supervisor:______________________________

Internship Site Name:_____________________________________

Internship Site Supervisor:_______________________________

Students must document a minimum of 45 hours per credit hour (i.e. 3 credits=135 hours) at the internship site and through related academic work or research.

Student Documentation-ACADEMIC WORK Hours:

<table>
<thead>
<tr>
<th>DATE</th>
<th>TIME IN</th>
<th>TIME OUT</th>
<th>TOTAL HOURS</th>
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TOTAL # of Hours ACADEMIC WORK: ________________

Timesheet Hours Increments:

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<th>Minutes</th>
<th>Increment</th>
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<td>9-14</td>
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<td>15-20</td>
<td>.3</td>
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<td>21-26</td>
<td>.4</td>
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<td>27-33</td>
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<td>34-38</td>
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<td>39-44</td>
<td>.7</td>
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<td>45-50</td>
<td>.8</td>
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<td>51-59</td>
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## Student Documentation - Internship Site Hours:

<table>
<thead>
<tr>
<th>DATE</th>
<th>Time In</th>
<th>Time Out</th>
<th>Total Hours</th>
<th>Internship Site Supervisor Signature</th>
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**Total # of Hours, Internship Site Work:** ____________

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EMPLOYER

INTERNSHIP EVALUATION

****This evaluation is a mandatory part of the internship process****

INTERNSHIP SITE INFORMATION (PLEASE PRINT)

Internship Site Name:_____________________________________________________________

Address:______________________________________________________________________

Evaluator's Name:______________________________________________________________

Evaluator's Title:______________________________________________________________

Telephone Number:_________________ Fax Number:______________________________

E-Mail:____________________________________________________________________

STUDENT INFORMATION

Internship Semester:______FALL  ____SPRING  ____SUMMER  ______YEAR:_____________

Last Name:________________________________________________________ First Name:________________________

Major(s):______________________________________________________________

TOTAL Number of Hours Completed by Intern:__________ Was the internship completed for credit? Y  N

EVALUATION OF STUDENT

The intern's ability to be punctual and dependable was:

Excellent____ Above Average____ Average____ Below Average____ Poor____

The intern's ability to dress appropriately during the internship was:

Excellent____ Above Average____ Average____ Below Average____ Poor____

The intern's ability to demonstrate the necessary skills to perform daily tasks was:

Excellent____ Above Average____ Average____ Below Average____ Poor____

The intern's ability to complete tasks in a timely manner and display good time management skills:

Excellent____ Above Average____ Average____ Below Average____ Poor____

The intern's ability to be cooperative, flexible and adaptable was:

Excellent____ Above Average____ Average____ Below Average____ Poor____

The intern's ability to exercise good judgment concerning when to seek guidance and when to be self-reliant was:

Excellent____ Above Average____ Average____ Below Average____ Poor____

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The intern’s ability to articulate his/her own views effectively and appropriately was:
Excellent_____ Above Average_____ Average_____ Below Average_____ Poor_____

The intern’s work ethic was:
Excellent_____ Above Average_____ Average_____ Below Average_____ Poor_____

The intern’s problem-solving and critical thinking skills would be rated as:
Excellent_____ Above Average_____ Average_____ Below Average_____ Poor_____

The experience I had with a La Roche College intern was:
Excellent_____ Above Average_____ Average_____ Below Average_____ Poor_____

Briefly summarize the intern’s responsibilities.

What are the intern’s strengths?

What area(s) does the intern need to improve upon or seek additional training in prior to graduating?

What benefit(s) do you believe the intern gained from this experience?

Would you seek another intern from La Roche College?_____YES _____NO
Why or why not?

Was the internship:_____PAID _____UNPAID

Would you be interested in participating as a guest speaker or career mentor for La Roche College students in the future?
_____YES _____NO If yes, which? _____Guest Speaker _____Career Mentor _____Both

Did you share this evaluation with your student intern?_____YES_____NO

IF NO, may this evaluation be shared with the student?_____YES_____NO, please keep it confidential

ADDITIONAL COMMENTS about La Roche College student(s) or educational program(s):

Evaluator’s Signature: _______________________________ Date: _______________________________

Please return to the Office of Student Academic Support Services, 9000 Babcock Boulevard, Pittsburgh, PA 15237
FAX: (412) 536-1126 ~ PHONE: (412) 536-1788 ~ rebecca.rosswog@laroche.edu

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STUDENT INTERNSHIP EVALUATION

This information will remain confidential and will not be shared with your internship supervisor.

****This evaluation is a mandatory part of the internship process****

STUDENT INFORMATION (PLEASE PRINT)

Internship Semester: _______ FALL  _______ SPRING  _______ SUMMER  YEAR: _______________________

Last Name: ___________________ First Name: ___________________ ID#: ____________________

Major(s): _____________________  Number of credits:  1  2  3  4  5  6  No Credit

INTERNSHIP SITE INFORMATION (PLEASE PRINT)

Internship Site Name: ____________________________________________________________

Address: ________________________________________________________________

Internship Site Supervisor’s Name: ____________________________________________

Internship Site Supervisor’s Title: _____________________________________________

Telephone: ___________________ Fax: ___________________ E-Mail: ________________

INTERNSHIP SITE EVALUATION (Please rate the following based on the scale below.)

I would rate the degree to which my internship experience related to my college major as:

Excellent_____ Above Average_____ Average_____ Below Average____ Poor____

I would rate the degree to which the projects/assignments were challenging and rewarding as:

Excellent_____ Above Average_____ Average_____ Below Average____ Poor____

I would rate the professional experience I gained during this internship as:

Excellent_____ Above Average_____ Average_____ Below Average____ Poor____

The guidance and support I received from my internship site supervisor was:

Excellent_____ Above Average_____ Average_____ Below Average____ Poor____

The instruction given on how to perform my duties was:

Excellent_____ Above Average_____ Average_____ Below Average____ Poor____

My internship experience, on the whole, was:

Excellent_____ Above Average_____ Average_____ Below Average____ Poor____
Briefly summarize your internship responsibilities.

What was the most rewarding aspect of your internship experience?

What would you change about your internship experience?

Did the internship prepare you for a job upon graduation? Why or why not?

Would you recommend this internship site to another La Roche student? _____ YES  _____ NO
Why or why not?

Was the internship: _____ PAID  _____ UNPAID

ADDITIONAL COMMENTS about the internship experience:

Student’s Signature:_________________________Date:_____________________

Please return to the Office of Student Academic Support Services, 9000 Babcock Boulevard, Pittsburgh, PA 15237
FAX: (412) 536-1126 ~ PHONE: (412) 536-1788 ~ rebecca.rosswog@laroche.edu
Final Internship Hours Documentation

Last Name________________________________________First Name________________________________________ID#________________________________

FINAL DOCUMENTATION of TOTAL INTERNSHIP HOURS:

TOTAL # of Hours, ACADEMIC WORK: ____________________________________________

La Roche Faculty Supervisor’s Signature/Date

TOTAL # of Hours, INTERNSHIP SITE WORK: ____________________________________________

Internship Site Supervisor’s Signature/Date

TOTAL # of Hours, ACADEMIC plus INTERNSHIP SITE WORK: ____________________________________________

Student’s Signature/Date

Student Intern:

Please submit a copy of the Internship Timesheet and Final Hours Documentation directly to the La Roche College Faculty Supervisor.

Faculty Supervisor:

Please place a copy of the Internship Timesheet and Final Hours Documentation in the student’s academic advising file. Submit a final grade based on the student’s academic work, the quality of the work done at the internship site and on the internship site supervisor’s evaluation.

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