

RMU ACADEMIC INTERNSHIP PROGRAM (AIP)

(This page also available at www.profdavis.net, then click on "INTERNS" link)

*Internships are a great opportunity to gain invaluable work experience and earn course credit. Undergraduate students can earn up to 12 credits of internship credit and Graduate Students can earn up to 9 credits.**

STEP 1: APPLY FOR THE PROGRAM & SEARCH JOBS

- Apply for the AIP via [Sheila Broman](#) (Career Center) or use this [Faxable Form](#)
- You will receive an email if you are accepted (or not accepted) & a syllabus: [Undergraduate](#) | [Graduate](#)
- If accepted to the program, apply for available internships on ColonialTRAK.com

STEP 2: START YOUR INTERNSHIP

- Once an internship position has been found, you **MUST** notify Sheila Broman in the Career Center
- The CIS Dept. will email to you information on internship requirements, including a Mutual Letter of Agreement
- You **MUST** have your internship employer read & sign the Mutual Letter of Agreement. Fax the letter to 412 397 2481, attention Dr. Davis
- When instructed, you **MUST** register for an internship course: INFS 4903, 4906, 4909, or 4912 (undergrad) or INFS 7903 (graduate)

STEP 3: COMPLETING YOUR INTERNSHIP

- **EACH WEEK** you **MUST** complete a [Student Weekly Field Report ONLINE](#)
- **EVERY OTHER WEEK** your employer **MUST** complete a [Bi-Weekly Field Report](#)
- At the internship end, you **MUST** complete the [Student Evaluation of Internship Experience ONLINE](#)
- At the internship end, your employer **MUST** complete a [Final Field Report](#)

AIP ACCEPTANCE CRITERIA

Undergraduate

60 credits completed

≥ 2.5 GPA

≥ 3 CIS Courses

Have available electives

Graduate

3 internship credits max.

≥ 3 RMU Grad. Courses

Have available electives

* 9 credits of internship in a CIS graduate degree requires enrollment in a 36-credit CIS Master's program

STUDENT APPLICATION- Academic Internship Program

The purpose of the Academic Internship Program is for students to develop relevant career learning experience and enable them to combine academic study and practical experience for academic credit. Students interested in pursuing an internship for academic credit must submit this application, along with a current resume, to the Career Center.

Please print or type clearly. Date: _____

Name: _____
(Last) (First) (Middle Initial)

Student I.D. Number: _____ E-mail Address: _____

Local/Campus Address: _____
(Street Address) (Apt. No., Campus Box Number)
(City) (State) (Zip Code)

Telephone: _____
(Local) (Permanent)

Permanent/Home Address: _____
(Street Address) (Apt. No.)
(City) (State) (Zip Code)

Degree: _____ Major: _____

Cumulative Grade Point Average: _____ Major Grade Point Average: _____

Number of Credits Completed: _____ Credits Currently Enrolled: _____

Anticipated Graduation Date: _____ Campus (circle one): Moon Pittsburgh

Term/Year in which you would like to participate in the program: _____

Please explain your future career plans and why you are interested in the Academic Internship Program:

I agree to abide by the Academic Internship Program guidelines.

Student Signature _____ Date _____



Approve Disapprove Comments _____

Academic Department Head Signature _____ Date _____

Internship Placement Information

(Employer) (Course No.) (Credits) (Term)

(Career Center) (Date) (Academic Department Head) (Date)

**Robert Morris University
Academic Internship Program**

Mutual Letter of Agreement

Robert Morris University is pleased to partner with students and employers in providing meaningful learning experiences. As such, the Robert Morris University Academic Internship Program, a for-credit experience, requires that the employer, student and university agree to arrangements noted in this Mutual Letter of Agreement.

Employer: _____
Semester: _____

Student: _____
Credits: _____

.....
Employer Agreement

- The employer guarantees that the student will not displace a regular employee.
- The employer will provide an orientation session to the internship assignment.
- The employer agrees to engage the student for the duration of the program.
- The employer will provide periodic evaluations of the student's performance and learning.
- The employer will provide adequate training and supervision, and appropriate, progressive work activities.

Student Agreement

- The student agrees to perform assigned duties and responsibilities in a professional manner.
- The student agrees to secure transportation to the employer site.
- The student is responsible for completing all academic assignments and the minimum number of work hours as required for the number of credits being sought.
- The student is responsible for notifying the Faculty Advisor of any issues affecting the internship.

University Agreement

- The University's Faculty Advisor will monitor student progress, provide a syllabus and appropriate course information to the student, and assign a grade.
- The University's Faculty Advisor will provide the employer with a syllabus, appropriate course information, and will contact or visit the employer to evaluate student progress.

Program Duration

The internship assignment will be for ____ weeks for a minimum of _____ contact hours * per week for the _____ semester/term.

* **REQUIRED – 150 hrs/ 3 credits; 300 hrs/ 6 credits; 450 hrs/ 9 credits**

- **Start date:** _____

Student Signature: _____

Date: _____

Employer Signature: _____

Printed Employer Name: _____

Faculty Advisor Signature: _____

Date: _____

MEMO

TO: All C.I.S Academic Internship Program Students at Robert Morris University
FROM: Dr. Davis, Faculty Site Supervisor
SUBJECT: Student Weekly Report Form, Employer Report Form, Mutual Agreement Form, Student Evaluation Form and Student Information Notes
DATE:

At the beginning of each term, C.I.S. interns will be assigned to Dr. Davis. There are a few tasks to complete before evaluation visits at your work site can begin. First, please make copies of the enclosed weekly report form, complete for each week and send to me. Or you may use the work-reporting document from your particular employer. If you have already started the internship prior to receiving this letter, you will need to send the report forms for the previous weeks of the term. Your employer will need to complete the bi-weekly report form (and the Mutual Agreement Form, **which is due prior to being registered**). The student evaluation form must be completed and returned during the final two weeks of the internship. Completed forms must be faxed immediately. Emails are acceptable for weekly reports.

Contact Information: *Dr. Gary Alan Davis*
Robert Morris University
Nicholson Center 463
Moon Township, PA 15108-1189
davis@rmu.edu
412-397-4892 (Fax 412-397-2481)

Additionally, please send an email to Dr. Davis **as soon as possible** containing the following information:

1. Name
2. Home address
3. Home phone
4. Company name
5. Company address (your site)
6. Supervisor(s) name
7. Supervisor(s) phone number
8. Your working days and hours
9. Your phone number at work
10. Your E-mail at work
11. Your E-mail at home
12. Your Robert Morris class schedule

This information is necessary even if you sent it to us last term during a previous internship. If any problems arise, contact me. *E-mail is the most effective method of contact.*

PLEASE REMEMBER THAT WE CANNOT GIVE YOU A GRADE OR CREDIT FOR THE INTERNSHIP IF WE DO NOT RECEIVE ALL FORMS SPECIFIED.

Good luck in your internship experience.

EMPLOYER INFORMATION FORM- Academic Internship Program

Complete, sign & FAX ASAP to CIS Dept. 412-397-2481; Attention Gary Alan Davis, D.Sc.

Employer _____

Contact Person _____

Title _____

Mailing Address _____

City _____

State _____

Zip Code _____

Telephone Number _____

Fax Number _____

E-mail _____

Web URL _____

Primary Business Activity _____

Position Title(s): _____

Number of Positions Available: _____

Semester(s) Available: Fall _____ Spring _____ Summer _____

Automatically re-post position each semester _____ OR

Re-post position only upon notification by employer _____

Academic Majors Desired:

Compensation: Paid _____ Unpaid _____ Stipend _____

Hourly Rate (if paid): \$ _____

Proposed weekly schedule: _____

Location of Internship Site if different from above: _____

Name of Supervisor if different from above: _____

Telephone _____

REQUIRED POSITION DESCRIPTION: Please include a position description for each opportunity available. The description should emphasize the job responsibilities and learning objectives and must accompany this form.

Name of employer completing this form: _____

Title: _____

Date: _____

Signature of employer completing this form: _____

Return this form and position description to:

Robert Morris University
Career Center
6001 University Boulevard
Moon Township, PA 15108-1189
412/262-8224 (Phone) 412/262-8483 (Fax)
careers@rmu.edu

**Robert Morris University
Academic Internship Program
Employer Site Review Form**

TO:

FROM: Career Center

DATE:

SUBJECT: Academic Internship Site Review

Please review the attached employer internship position description and complete this form indicating that you approve or deny this opportunity for the Academic Internship Program. Please return this form and attached materials to the Career Center, Lower Level Patrick Henry as soon as possible. Thank you for your prompt attention to this request.

Employer: _____

Position: _____

Semester: _____ Year: _____



Academic Department Review

 Approved

This position meets department criteria and has been approved for the Academic Internship Program. The department will award _____ number of credits for this position.

 Denied

This position is not approved for the Academic Internship Program, as it does not meet the department criteria for the following reasons:

Academic Department Head/Faculty Designate Signature

Date

Robert Morris University
CIS Department Academic Internship Program
Student Weekly Field Report

Note: An online version of this report is available at www.profdavis.net/interns

Directions: This report is to be prepared by the student each week. The report must accurately describe the duties performed and how this work has contributed to meeting defined objectives. This report must be delivered to the faculty site supervisor every Monday. The CIS Department fax number is 412-397-2481.

Week Number _____ From Date __/__/__ To Date __/__/__

Student _____ Faculty Site Supervisor _____

Company Name _____ Supervisor _____

Hours Worked: Monday _____ Tuesday _____ Wednesday _____
Thursday _____ Friday _____ Saturday _____ Total _____

List the principle duties performed this week:

1. _____
2. _____
3. _____
4. _____

What special learning experiences happened this week?

1. _____
2. _____
3. _____

Are there any problems and/or conflicts that might interfere with achieving the defined objectives? If so, identify them:

**Robert Morris University
Academic Internship Program**

Student Evaluation of Internship Experience

Note: An online version of this report is available at www.profdavis.net/interns

Date: _____

Student: _____

Host Organization: _____

Division/Department: _____

Internship Position Title: _____

This questionnaire is intended to provide you with an opportunity to evaluate the effectiveness of the internship experience at the organization. We believe that students who participate in the program are most qualified to provide us with feedback on the value of the experience. We appreciate your candid responses to these questions.

Please rate the program based on the following criteria and check one under each category.

RELATIONSHIP WITH SUPERVISOR

- Greatly exceeded expectations
- Exceeded expectations
- Met expectations
- Below expectations

OPPORTUNITY TO LEARN NEW SKILLS

- Greatly exceeded expectations
- Exceeded expectations
- Met expectations
- Below expectations

INTERACTIONS WITH COLLEAGUES

- Greatly exceeded expectations
- Exceeded expectations
- Met expectations
- Below expectations

LEARNING ENVIRONMENT (SETTING)

- Greatly exceeded expectations
- Exceeded expectations
- Met expectations
- Below expectations

ACADEMIC INTERNSHIP PROGRAM - OVERALL RATING

- Very Satisfied Satisfied Somewhat Satisfied Not Satisfied

What advice would you give a student who is considering doing an internship with this organization?

Would you recommend this internship position to other students? Yes No

Robert Morris University
CIS Department Academic Internship Program
Employer Bi-weekly Field Report

Note: An online version of this report is available at www.profdavis.net/interns

Student Name: _____

Company Name: _____

Hours Worked Verification:

	Date	Hours		Date	Hours
Monday	_____	_____	Monday	_____	_____
Tuesday	_____	_____	Tuesday	_____	_____
Wednesday	_____	_____	Wednesday	_____	_____
Thursday	_____	_____	Thursday	_____	_____
Friday	_____	_____	Friday	_____	_____
Saturday	_____	_____	Saturday	_____	_____

Student Progress Report: (to be completed by supervisor)

Additional Comments:

Supervisor's Signature: _____

Questions or Problems should be directed to: Dr. Gary Davis; 412-397-4892
Robert Morris University, Nicholson 4th Floor
Moon Township, PA 15108 — davis@rmu.edu

FAX report to 412 397 2481, Attention: Dr. Davis

Robert Morris University
CIS Department Academic Internship Program
Employer FINAL Field Report

Note: An online version of this report is available at www.profdavis.net/interns

Student Name: _____

Company Name: _____

Hours Worked Verification:

	Date	Hours		Date	Hours
Monday	_____	_____	Monday	_____	_____
Tuesday	_____	_____	Tuesday	_____	_____
Wednesday	_____	_____	Wednesday	_____	_____
Thursday	_____	_____	Thursday	_____	_____
Friday	_____	_____	Friday	_____	_____
Saturday	_____	_____	Saturday	_____	_____

Student FINAL Evaluation: (to be completed by supervisor)

What grade should the student receive for this internship assignment? Please explain.

Additional Comments:

Supervisor's Signature: _____

Questions or Problems should be directed to: Dr. Gary Davis; 412-397-4892
Robert Morris University, Nicholson 4th Floor
Moon Township, PA 15108 davis@rmu.edu