

Internship for Academic Credit Application
Saint Joseph’s College Division of Business Administration

Business Administration Students:

This application form is required when you desire to pursue an internship that carries academic credit. Attach to this application a separate business memorandum that includes (a) a brief description of the business or organization, (b) an explanation of the kinds of tasks or projects expected to be completed during the internship, and (c) a brief statement of the kinds of outcomes you expect upon completing the internship.

Bring this completed application, plus the proposal memorandum, to your academic advisor. The advisor (or a supervising professor) will determine whether the internship is worth academic credit and will complete and sign this form. A signed application is required to register for the internship courses, ACC 390, BUS 390 or ECN 490.

Date of Application: _____ Dates of Internship: _____
Student: _____ Supervisor: _____
Company: _____ Supervisor Phone: _____
Location: _____ Supervisor E-mail: _____

Proposed internship course:

- ACC 390 – Accounting Internship
- BUS 390 – Business Internship
- ECN 490 – Economics Internship

I have read and understood the items explained in the "Internship Guidelines" for the Division of Business Administration.

Student Signature: _____

Academic Advisor or Supervising Professor:

Please complete the information below, sign, and provide a copy to the student. This completed application is required for registration in an internship course. A section on determining academic credit is included in the "Internship Guidelines," as well as in the Academic Catalog, and it is generally presumed that most substantial internships will carry 3 credits.

Credits awarded upon successful completion of the course: _____

Academic work to be completed and evaluated (choose two):

- Routine journal entries.
- Portfolio.
- Final report.
- Site visit.
- Other: _____

Advisor/Supervising Professor Name: _____

Advisor/Supervising Professor Signature: _____

Date: _____

Internship Assessment
 Saint Joseph’s College Division of Business Administration

Thank you for offering our students an opportunity to enhance their practical and professional skill set. Please take a moment to provide feedback on the student as one input in our own evaluation of their internship activity. This completed and signed form should be sent directly to the supervising professor.

Student Intern: _____ Supervisor: _____
 Company: _____ Supervisor Title: _____
 Date: _____ Signature: _____

Professionalism	<i>Poor</i>					<i>Excellent</i>	
Attendance:	1	2	3	4	5	N/A	
Appearance and dress:	1	2	3	4	5	N/A	
Relationships with co-workers, supervisors and others:	1	2	3	4	5	N/A	
Attention to the needs of the organization:	1	2	3	4	5	N/A	
Written communication:	1	2	3	4	5	N/A	
Verbal communication:	1	2	3	4	5	N/A	
Other: _____	1	2	3	4	5	N/A	
Work Ethic and Specific Skills							
Ability to meet deadlines:	1	2	3	4	5	N/A	
Attention to detail:	1	2	3	4	5	N/A	
Overall completeness of the assigned tasks:	1	2	3	4	5	N/A	
Overall quality of the assigned tasks:	1	2	3	4	5	N/A	
Proficiency with word processing:	1	2	3	4	5	N/A	
Proficiency with spreadsheets:	1	2	3	4	5	N/A	
Ability to identify and solve problems:	1	2	3	4	5	N/A	
Ability to work in teams or with others:	1	2	3	4	5	N/A	
Ability to take initiative and work independently:	1	2	3	4	5	N/A	
Other: _____	1	2	3	4	5	N/A	
Overall Evaluation							
Likelihood you would want this student to work for you again:	1	2	3	4	5	N/A	
Likelihood you would recommend student to others:	1	2	3	4	5	N/A	
Overall contribution student made to your organization:	1	2	3	4	5	N/A	
Overall impression of student’s potential:	1	2	3	4	5	N/A	
Other: _____	1	2	3	4	5	N/A	

Brief notes on student’s strengths and weaknesses, or any other important comments for feedback:
