

SY SYMS SCHOOL OF BUSINESS – INTERNSHIP FOR CREDIT

INTERNSHIP PROPOSAL

TO BE FILLED OUT BY INTERNSHIP SUPERVISOR. UPON COMPLETION PLEASE EMAIL TO: Melanie.Zuckerman@yu.edu

Student/Intern Name: _____ I.D. #: _____

Name of Supervisor/Professor: _____ Title: _____

Company: _____

Address: _____

City: _____ State: _____ Zip: _____

Email: _____ Phone: _____

Specific internship responsibilities (additional sheets may be attached if necessary):

How many total hours will the student be interning? 100 200 300

Will the student be supervised by a friend or family member? No Yes

Will the student be supervised? No Yes

Criteria for an Experience to Be Defined as an Internship

To ensure that an experience is educational, and thus eligible to be considered a legitimate internship according to the definitions of NACE (National Association of Colleges and Employers), all the following criteria must be met:

1. The experience **must be an extension of the classroom**: a learning experience that provides for the application of knowledge gained in the classroom. It must not be simply to advance the operations of the employer or be the work that a regular employee would routinely perform.
 2. The **skills or knowledge learned must be transferable** to other employment settings.
 3. The experience **has a defined beginning and end** and a **job description with desired qualifications**.
 4. There are **clearly defined learning objectives/goals** related to the professional goals of the student's academic coursework.
 5. There is **supervision by a professional** with expertise and educational and/or professional background in the field of the experience.
 6. There is **routine feedback** by the experienced supervisor.
 7. There are **resources** provided by the host employer that support learning objectives/goals.
- See http://www.naceweb.org/connections/advocacy/internship_position_paper/ for more details.

I affirm that this internship satisfies the above conditions and that I am willing to work with the above named student/intern during the internship period and that I will provide an evaluation of his or her performance at the end of the term. **I understand that the student will be required to write a paper at the end of the internship detailing his/her work with this organization.**

Internship Supervisor Signature: _____ Date: _____

Signature required

(DO NOT WRITE BELOW THIS LINE. FOR OFFICIAL USE ONLY)

Telephone Verification: Date _____ Initials _____