

CMPS 400 Course Requirements

Note: Because this class does not meet on a regularly scheduled basis, the following requirements will be strictly enforced.

1. Students are responsible for obtaining employment for their **internship**. Their employment must also directly relate to their degree and concentration.
2. Students are expected to be employed **twenty** hours/week to earn their hours of credit in the Fall and Spring semesters or be employed **forty** hours/week to earn three hours in the Summer semester.
3. Students must meet with the Internship Coordinator prior to the start of the semester to discuss the proper form and content of the objectives.
4. The following forms must be filled, signed by the student, Internship Coordinator, and/or employer where applicable, and the **Original Copy** submitted to the Department Head:
 - CS Forms:
 - CS Application 401
 - CS Employer Agreement 402 &
 - CS 403 Students Measurable Learning Objectives
5. Students must develop measurable learning objectives with the input and approval of their employer and Internship coordinator.
6. Students must maintain a **weekly log** of all work-related activities. Entries **must** be made **every** week. A copy of the activity log, cs form 404, is attached for your use. Duplicate the form as needed.
7. Prior to the end of classes, students must complete and submit the following to the Department Head:
 - Time/wage report cs form 404 that verifies the hourly requirement for the semester.
 - Students' evaluation of the internship employer cs form 410.
 - The employers' evaluation of the computer science internship student cs form 420, which is completed by the employer and should be sent directly from the employer to the department head.
 - Students measurable learning objectives, cs form 403, with the employers' evaluation of the student's performance.
 - Originals of the three activity reports that were completed during the semester.
 - A three-page executive summary of your internship experience.
 - Completed daily activity logs cs form 405 for the entire semester.

CS Form 401: Application for Internship

Name: _____ W#: _____

E-Mail: _____ Cell Phone #: (____) _____

Home Phone #: (____) _____ Work Phone #: (____) _____

Present Address: _____

Permanent Address: _____

Degree: _____ Concentration: _____

Semester Hours Earned: _____ Major GPA: _____ Expected Graduation Date: _____

Employer's Name: _____

Employers Address: _____

Name & Title of Immediate Supervisor: _____

Supervisor's E-Mail: _____ Phone: (____) _____

Proposed Dates of Employment: Start _____ End _____

Employed: [] part-time (at least 20 hours per week) [] full-time (at least 40 hours per week)

Job Title: _____

Job Responsibilities: _____

NOTE: A copy of your college transcript **must** be submitted with this application! You may print a copy from Leonet.

Signature of Student: _____ Date: _____

DO NOT WRITE BELOW THIS LINE

Date Application Received by Department: _____

Action Taken: [] Approved [] Not Approved

Reason(s): _____

Faculty Signature: _____ Date: _____

Department Head's Signature: _____ Date: _____

Dean's Signature: _____ Date: _____

CS Form 402

Internship Employer Agreement

_____ will be employed by _____

(Student)

(Company)

during the semester, _____ 20_____.

(fall, spring, or summer)

The student will work _____ hours per week for the semester beginning _____ and ending on _____.

CONDITIONS OF AGREEMENT

1. The employer must provide workers compensation coverage for the student intern.
2. The student is expected to be employed 20 hours per week for three hours of credit during the fall and spring semesters, or for 40 hours per week for three hours of credit for the summer semester.
4. All employment transfers, withdrawals, or dismissals shall be made jointly by the Department Head, student, and employer.
5. Students must submit the following completed forms and all other assignments by 4:00 p.m. on the last class day of the semester:
 - Students Evaluation of the Internship Employer CS Form 410 Students Measurable Learning Objectives CS Form 403
 - The Employers Evaluation of the internship Student CS Form 420
 - Time and Wage Report CS Form 404
 - Activity Log CS Form 405 📄 Three Activity Reports
 - Three Page Executive Summary

I have read the above agreement and agree in full to the conditions set forth.

(Employer's Signature)

(Date)

(Employer's Address)

(City) (State)

(Zip Code)

(Student's Signature)

(Date)

CS Form 403

Student's Measurable Learning Objectives

The objectives must be specific to the student's job and must clearly describe what the student plans to accomplish during the work experience. They must be reviewed by the student's immediate supervisor, who may suggest changes or additions.

At the end of the semester, the student's supervisor must evaluate the extent to which the student accomplished each of the objectives by assigning a percentage figure from 0% to 100% in the column to the right of the objective.

Note: Before submitting this form at the beginning of the semester, students must provide a copy to their immediate supervisor to complete at the end of the semester.

I will accomplish the following objectives by the conclusion of the semester.	Supervisor's Rating (%)
1.	_____

2.	_____

3.	_____

Student's Approval Signature

Date

Supervisor's Signature Upon Completion

Date

Supervisor's Approval Signature

Date

Internship Coordinator Signature

Date

CS Form 404

STUDENT'S TIME & WAGE REPORT

The student must maintain an accurate account of the dates and the hours worked on the job. This information is necessary for Departmental records and will be kept strictly confidential.

Student's name:	Total hours for semester:
Employer:	Total wages for deductions:

Month _____

Weeks	S	M	T	W	Th	F	S	Total Hours	Weekly Wages
Monthly Totals:									

Month _____

Weeks	S	M	T	W	Th	F	S	Total Hours	Weekly Wages
Monthly Totals:									

Month _____

Weeks	S	M	T	W	Th	F	S	Total Hours	Weekly Wages
Monthly Totals:									

Month _____

Weeks	S	M	T	W	Th	F	S	Total Hours	Weekly Wages
Monthly Totals:									

I certify that the above time report is a true statement of the hours worked.

Student's Signature

Date

Employer Supervisor's Signature

Date

CS Form 410**Student's Evaluation of Internship Employer**

Employer's Name: _____ Job Title: _____

1. Overall rating of employer:

_____ Excellent _____ Good _____ Fair _____ Poor

2. Overall rating of work experience:

_____ Excellent _____ Good _____ Fair _____ Poor

3. How much of your work experience was related to your studies in Computer Science?

_____ 100% _____ 75% _____ 50% _____ 0%

4. Rating of learning as a result of your internship experience:

_____ Excellent _____ Good _____ Fair _____ Poor

5. Would you repeat your work experience with the same employer? ___Yes ___No

If not, explain why _____

6. Would you recommend your employer to other internship students? ___Yes ___No

If not, explain why _____

7. Based upon your work experience, what additional instructional content or revisions should be included within the Curriculum?

8. Any additional comments?

Student's Name (print): _____

Student's Signature: _____ Date _____ CS Form 405

COMPUTER SCIENCE INTERNSHIP WEEKLY ACTIVITY LOG

Name: _____

WEEK	DESCRIPTION OF ACTIVITIES		HRS
		TOTAL HOURS	

Note: Specify your weekly activities as accurately as possible in one succinct paragraph. The cells will expand accordingly.