FACULTY APPROVAL FORM
Internship Program
Jake Jabs College of Business & Entrepreneurship (JJCE)
Montana State University-Bozeman

TO BE COMPLETED BY STUDENT

UNDERGRADUATE INTERNSHIP: □ ACTG 498 □ BFIN 498 □ BMGT 498 □ BMKT 498

GRADUATE INTERNSHIP: □ ACTG 598

□ SUMMER □ FALL □ SPRING 20____ CREDIT HRS _____

Name ___________________________________________ GID _______________________

Total Credits Completed _____________ Cumulative GPA _____________

Have you been formally admitted to the JJCE? □ Yes □ No

Have you previously completed a JJCE Internship? □ Yes □ No

If yes, please describe: ________________________________________________________

Option __________________________ Minor(?) ________________________________

Internship Advisor _____________________________________________________________

Date ___________ Student Intern Signature _______________________________________

TO BE COMPLETED BY THE FACULTY INTERNSHIP ADVISOR

I have discussed with ________________________________ the policies and procedures relevant to the JJCE Internship Program. We have discussed my work expectations, the intern's goals and objectives, and his/her qualifications to fulfill the employer's needs and any specific additional requirement (if so, please attach a description of the additional requirements).

____________________________ has been formally admitted to the JJCE, and is recommended as an intern.

Date ___________ Internship Advisor Signature ____________________________

Student: Keep a copy of this completed form for your records, give a copy to your faculty internship advisor, and file the original in The Bracken Center, JJCE, Jabs 108.
LEARNING CONTRACT
Internship Program
Jake Jabs College of Business & Entrepreneurship (JJCE)
Montana State University-Bozeman

TO BE COMPLETED BY THE STUDENT

UNDERGRADUATE INTERNSHIP: □ ACTG 498 □ BFIN 498 □ BMGT 498 □ BMKT 498

GRADUATE INTERNSHIP: □ ACTG 598

□ SUMMER □ FALL □ SPRING 20______ CREDIT HRS ______

NAME OF STUDENT _____________________________________________________________

Address _________________________________________________________________

Telephone ___________________________ GID _________________________________

E-mail Address ____________________________________________________________

SPONSORING FIRM_________________________________Type of Firm___________________________

Address ______________________________________________Telephone_______________________

FAX _______________ Your e-mail at sponsoring firm (if known) __________________________________

Supervisor’s Name _________________________________ Title________________________________

Internship Start Date:_________________________ Internship End Date:________________________

Hours per week:___________ Total hours over the course of the internship:___________

Student Responsibilities

1. Student will observe all requirements for an internship described in the Jake Jabs College of Business & Entrepreneurship Internship Packet.

2. Student will complete the weekly assignments and e-mail them on a timely basis to the Internship Program, Jake Jabs College of Business & Entrepreneurship, Montana State University, at cobinternship@montana.edu and to his/her faculty internship advisor.

2. Student will conform to the general work requirements, typical workday schedule as determined by the supervisor, and grooming standards of the sponsoring organization.
Items 3 & 4 to be completed by the student intern in consultation with the faculty internship advisor and work supervisor.

3. Student intern will be assigned the following task(s) during the internship semester:
   a. __________________________________________________________________________
   b. __________________________________________________________________________
   c. __________________________________________________________________________
   d. __________________________________________________________________________

4. Student will accomplish the following learning objectives during the internship semester:
   a. ______________________________________________________________________________
   b. ______________________________________________________________________________
   c. ______________________________________________________________________________
   d. ______________________________________________________________________________

5. In addition to the above, I understand that my grade (P/F) will be based, in part, on an evaluation by
   my supervisor upon completion of the internship.

Supervisor Responsibilities

1. The sponsoring organization will assist with defining tasks and setting goals and objectives.
   Supervision, facilities, and resources appropriate to the intern’s assigned tasks or training program
   will be provided.

2. The sponsoring organization will provide the intern with a progress report (oral or written)
   periodically during the internship period.

3. The sponsoring organization will provide an overall written evaluation of the intern upon completion
   of the internship. This evaluation must be on file in the JJCBE Faculty Services Office (451 Reid Hall) by
   the last day of finals week.

4. The sponsoring organization will immediately notify the Faculty Internship Advisor should early
   termination of the internship become necessary.

5. An exit interview with the intern is encouraged.

6. Normally, the sponsoring organization will provide remuneration to the intern.

   SIGNATURES                                  DATE
   Student Intern                               _____________________________  ________________
   Work-site Supervisor                         _____________________________    ________________
   Internship Advisor                           _____________________________                    ________________

Student: Keep a copy of this completed form for your records, give a copy to your faculty internship
advisor and a copy to your work-site supervisor, and file the original in The Bracken Center, JJCBE,
Jabs 108.
Jake Jabs College of Business & Entrepreneurship
Internship Program

Student’s acknowledgement of use of Supervisor’s evaluation

Student Name (Please Print): ____________________________________________________

Internship Organization Name: ________________________________________________

On-Site Internship Supervisor Name: ____________________________________________

Faculty Internship Advisor Name: ______________________________________________

I understand and acknowledge that my on-site internship supervisor will evaluate my performance during my internship. I also understand that my on-site supervisor will complete an evaluation form at the end of my internship, and that my faculty internship advisor will consider my on-site supervisor’s evaluation of my performance in determining my grade (P/F) for the internship.

Moreover, I hereby authorize my faculty internship advisor and any other appropriate member of the Jake Jabs College of Business & Entrepreneurship faculty to discuss my performance in my internship with my on-site supervisor.

Student Signature: ___________________________________________ Date: ____________