Faculty Approval Form (Non-Accounting)
To be completed by the student in cooperation with a faculty internship advisor

Signatures required (please check that you have all signatures before turning in): ☐ Student ☐ Internship Advisor

Student Info:

Name: ___________________________________________ GID: ________________________________
Total Credits Completed: _____ Cumulative GPA: _______ Formal Admittance to JJCBE: ☐ Yes ☐ No
2nd Major or Minor? _____________________________________________________________
Sponsoring Organization: __________________________________________________________

I, __________________________________________, (Faculty Internship Advisor), have discussed with
________________________________________, (student intern), the policies and procedures
relevant to the successful completion of a ☐ BFIN 498 ☐ BMGT 498 or ☐ BMKT 498 internship for
_____ credit hours.

I have discussed internship expectations, internship objectives, reporting and evaluation requirements and
due dates. If the internship period is expected to extend beyond the end of the semester, I have also advised
the student that an Incomplete grade will be initially given and the requirements and timing for replacing
the Incomplete grade. The student has agreed to maintain regular contact with me and to immediately
contact me with any relevant problems or internship changes. I have agreed to be the student’s faculty
internship advisor for ☐ Summer ☐ Fall ☐ Spring, 20______ semester.

Reporting requirements will be as follows:

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Final Report (10 pages) Due: ___________________________ I-grade Required? ___________________________

Student understands that their on-site supervisor will evaluate their performance during the internship
and will complete an evaluation at the end. This evaluation must be completed and submitted and will
be considered in the issuing of a Pass/Fail grade.

_________________________________________ Date
Student Signature

_________________________________________ Date
Internship Advisor

Student: Please submit this application to Chantelle Mahan in the Bracken Center, JJCBE Jabs 108 or email it to:
cobinternship@montana.edu. A copy will be sent electronically to you and your internship advisor.
Learning Contract (Non-Accounting)

To be completed by the student in cooperation with work-site supervisor.

Signatures required (please check that you have all signatures before turning in):

☐ Student  ☐ Work-site Supervisor  ☐ Faculty Internship Advisor

Option/Course:  ☐ BFIN 498  ☐ BMGT 498  ☐ BMKT 498  CRN________

Semester:  ☐ Summer  ☐ Fall  ☐ Spring  20_____  Credit Hours_______

Student Info:

Name _______________________________________________ GID ___________________________
Address ____________________________________________________________________________
Telephone __________________________ Email Address ___________________________________

Internship Info:

Sponsoring Firm: _______________________________ Type of Firm ___________________________
Address ____________________________________________________________________________
Supervisor’s Name ________________________________ Title ______________________________
Telephone ________________________ Email Address ______________________________________
Start Date: __________ End Date: _________ Hours/Week: ________

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.
3. Student will conform to the general work requirements, typical workday schedule as determined by the supervisor, and grooming standards of the sponsoring organization.
4. Student understands that their on-site internship supervisor will evaluate their performance during the internship. Student also understands that the on-site supervisor will complete an evaluation form at the end of the internship, and that their faculty internship advisor will consider this evaluation in determining their grade (P/F) for the internship.
5. Student hereby authorizes their faculty internship advisor and any other appropriate member of the Jake Jabs College of Business & Entrepreneurship faculty to discuss performance during the internship with the on-site supervisor.

Student Signature _______________________________ Date _______________________________

[Over please]
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 with Chantelle Mahan in the Bracken Center (108 Jabs 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.

_________________________________________________________________________________________
Student Signature                                                      Date

_________________________________________________________________________________________
Work-site Supervisor                                                 Date

_________________________________________________________________________________________
Internship Advisor                                                          Date
Student Please submit this application to Chantelle Mahan in the Bracken Center, JJCBE Jabs 108 or
email it to: cobinternship@montana.edu. A copy will be sent electronically to you and your
internship advisor.