

SOUTHERN UTAH UNIVERSITY
DEPARTMENT OF COMPUTER SCIENCE AND CYBERSECURITY
INTERNSHIP APPLICATION FOR CSCY 4890

- A. This CSCY 4890 is the internship designation for the CSCY Department.
- B. Grading is pass/fail. The student must have a supervisor who is willing to evaluate his/her performance and provide feedback.
- C. Approval for an internship may be granted ONLY after this formal application has been made to the CSCY Department and has been signed by the student, the Supervisor, and the Internship Coordinator.
- D. The following procedures must be completed to fulfill this internship agreement:
 - 1. The Supervisor must summarize and evaluate the student's overall performance at midterm (7th week) and at the end of the semester using the attached form.
 - 2. The student must submit a written report (3 double-spaced pages per credit hour) to the Internship Coordinator. The report must include (a) a description of the completed internship experience and how it has augmented the student's knowledge, skills, and abilities, and (b) a self-evaluation of work performance. The report must be submitted one week before the end of the semester. If the report is submitted electronically, it must be in Microsoft Word format.

SECTIONS E THROUGH G MUST BE COMPLETED PRIOR TO REGISTRATION

E. STUDENT INFORMATION Semester _____ Year _____

Name _____

Phone _____ E-mail _____

Local Address _____

Rank: [] Freshman [] Sophomore [] Junior [] Senior

Program: Major and Emphasis _____

Related Field _____

F. SUPERVISOR AND STUDENT AGREEMENT

Printed Name of Supervisor _____

Supervisor's Signature _____ Date _____

Student's Signature _____ Date _____

INTERNSHIP PERFORMANCE MIDTERM EVALUATION FORM

This form is to be completed by the Internship Supervisor

Southern Utah University

CSCY Department

INTERN'S NAME: _____ DATE: _____

COMPANY/ORGANIZATION: _____

SUPERVISOR'S NAME: _____

1. Total number of hours the intern worked: _____

2. Please rate each of the following aspects of the intern's performance.

1-Poor, 2-Below Average, 3-Average, 4-Above Average, 5-Excellent

Punctuality

Dependability

Quantity of Work Accomplished

Enthusiasm

Quality of Work Accomplished

Ability to Think/Act Independently

Willingness to Learn

Ability to Get Along with Others

Skills

3. Please rate each of the following skills (as applicable) that were used by the intern.

1-Poor, 2-Below Average, 3-Average, 4-Above Average, 5-Excellent

Research

Workshop Facilitation

Writing Layouts

Inderdepartmental Relations

Communication

Administrative/Organizational

Other (please specify) _____

4. Would you utilize this student again as an intern? _____

5. Please use this space to make any additional comments that you feel are appropriate about this intern. Indicate any particular strengths/weaknesses. (Please use the back of the page if necessary.)

Intern Supervisor Signature: _____

Please retain a copy of this form and return the *original* to the intern, or mail it directly to the CSCY Department at the address below. Thank you.

CSCY Department
Southern Utah University
351 University Blvd, ELC 415
Cedar City, UT 84720

INTERNSHIP PERFORMANCE FINAL EVALUATION FORM

This form is to be completed by the Internship Supervisor

Southern Utah University

CSCY Department

INTERN'S NAME: _____ DATE: _____

COMPANY/ORGANIZATION: _____

SUPERVISOR'S NAME: _____

1. Total number of hours the intern worked: _____

2. Please rate each of the following aspects of the intern's performance
1-Poor, 2-Below Average; 3-Average, 4-Above Average, 5-Excellent

- | | |
|-------------------------------|---|
| Punctuality | Dependability |
| Quantity of Work Accomplished | Enthusiasm |
| Quality of Work Accomplished | Ability to Think/Act Independently |
| Willingness to Learn | Ability to Get <i>Along</i> with Others |
| Skills | |

3. Please rate each of the following skills (as applicable) that were used by the intern.
1-Poor, 2-Below Average, 3-Average, 4-Above Average, 5-Excellent

- | | |
|------------------|-------------------------------|
| Research Writing | Workshop Facilitation |
| Layouts | Inderdepartmental Relations |
| Communication | Administrative/Organizational |
| | Other (please specify) _____ |

4. Would you utilize this student again as an intern? _____

5. Please use this space to make any additional comments that you feel are appropriate about this intern. Indicate any particular strengths/weaknesses. (Please use the back of the page if necessary.) _____

Intern Supervisor Signature: _____

Please retain a copy of this form and return the *original* to the intern, or mail it directly to the CSCY Department at the address below. Thank you.

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