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.

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SECTIONS E THROUGH G MUST BE COMPLETED PRIOR TO REGISTRATION

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E. STUDENT INFORMATION **Semester** _____ Year _____

Name _____

Phone _____ E-mail _____

Local Address _____

_____

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

Program: Major and Emphasis _____

Related Field _____

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F. SUPERVISOR AND STUDENT AGREEMENT

Printed Name of Supervisor _____

**Supervisor's Signature** _____ Date _____

Student's Signature _____ Date _____

G. CSCY DEPARTMENT

APPROVAL Internship Coordinator _____ Date _____

Signature Assigned Section Number _____

H. INTERNSHIP.COMPLETION CHECKLIST (Include printed copies of all reports received.)

Instructor's Midterm Evaluation completed Date _____

Instructor's Final Evaluation completed Date _____

Student' Internship Report received Date _____ [ ] Pass [ ] Fail

INTERNSHIP OBJECTIVES:

# 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 thefollowing 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
Quantity of Work Accomplished
Quality of Work Accomplished
Willingness to Learn
Skills
Dependability
Enthusiasm
Ability to Think/Act Independently
Ability to Get *Along* with Others

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
Layouts
Communication
Workshop Facilitation
Inderdepartmental Relations
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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Southern Utah
University
351 University Blvd, ELC 415
Cedar City, UT 84720