

THE CENTER FOR CAREER AND PROFESSIONAL DEVELOPMENT
Student Internship Application

This completed application must be emailed to
Career@Cabrini.edu

Student Name: _____

Please copy and paste your internship job description in the space below:

Internship Supervisor Agreement:

I have provided the Cabrini intern with a **job description** including location, qualifications, duties, work hours, and, if applicable, rate of compensation. I agree to meet with the student to develop and approve four professional Learning Objectives to identify what they will be learning throughout the semester. It is the student's responsibility to fill out the Learning Objective form, which must be signed by his or her work supervisor. These objectives must be fulfilled by the end of the semester.

I agree to monitor that the student will be able to work the hours required. I agree to send the Student Performance Employer Evaluation prior to the end of the semester, and to contact the Center for Career and Professional Development (CCPD) in the event of any problems regarding a student's conduct or performance during employment.

I agree to provide a safe working environment and work assignments that will add to the student's education.

Due to COVID-19, if the internship is to be on-site, the organization agrees to observe COVID-19 guidelines from the Centers for Disease Control (CDC), to include Personal Protective Equipment (PPE), along with any federal, state or local restrictions.

Due to COVID-19, does the organization have a contingency plan for an on-site internship? Please check the appropriate box

Yes ___ No ___ Will the internship be completed remote?

Yes ___ No ___ Will the intern be provided equipment, materials/software to complete required projects if a remote internship?

Yes ___ No ___ Will the internship then be terminated?

Given these unprecedented times, mentoring and additional touch points are critical to intern's development. We kindly request you increase communications and check-ins with your intern to meet internship outcomes and the organization's goals.

Cabrini University is committed to the principle of equal employment and educational opportunity for all qualified persons and does not discriminate against faculty, staff or students in the operation of any of its programs and activities because of race, color, religion, sex, age (40 and above), national origin, disability, veteran status or marital or parental status.

Please contact Erin Gabriele, Director of the CCPD, immediately if the student is not able to meet the required number of hours, at 610-902-8304 or eg574@cabrini.edu.

Internship Supervisor Signature: _____ Date: _____

Internship Supervisor Typed Signature (if unable to electronically sign above): _____ Date: _____

Internship Supervisor Name: _____

Student final checklist:

Please review and check each line to verify that you have completed the following internship guidelines:

___ I have reviewed and completed **all sections** of this form.

___ I have a 2.0 GPA or higher.

___ My internship is for academic credit and may include monetary compensation.

___ My internship supervisor has **signed** this form.

___ I attended an **Internship Information Session** in the past 12 months. *If not, I understand that I must schedule a meeting with the CCPD prior to the Internship deadline or I will not be approved for this course.*

___ I visited **Cabrini.JoinHandshake.Com** and created a Handshake account.

___ I understand that my **Learning Objectives** are due two weeks from the internship deadline date and need to be uploaded to **Cabrini Learn**.

___ I understand that this is an **Online Course** and I will **check my e-mail and Cabrini Learn daily** for assignments and updates from my Faculty Coordinator.

___ I will be punctual, professional, and professionally dressed. I will abide by my employer's hours, rules, and regulations. I will notify the CCPD and my employer immediately if I am unable to complete my internship.

___ I will **upload this completed form** to Cabrini Learn and keep a copy.

Student Agreement:

I understand that the CCPD will contact my employer to verify employment, explain requirements of the program, and determine their willingness to participate in the internship program. I agree to remain a registered student, subject to all the rules and regulations of the Cabrini University and the Center for Career and Professional Development.

Student Signature: _____ Date: _____

Student Typed Signature (if unable to electronically sign above): _____ Date: _____