

## EVS Program Capstone – Internship Proposal

Submit this completed proposal in PDF format prior to the beginning of the internship for full consideration and review by the Director of the Environmental Studies Program at W&J College. The mentor/supervisor signature must be included.

### Student-Intern Information

**Name:** \_\_\_\_\_ **Major:** \_\_\_\_\_

**Expected Graduation Semester/Year (e.g., May '21):** \_\_\_\_\_

**Email address:** \_\_\_\_\_

**Phone number during internship:** \_\_\_\_\_

### Internship Information

**Name of host institution:** \_\_\_\_\_

**Physical address:** \_\_\_\_\_

**Name, email, and phone number for mentor/supervisor at the host institution:**

\_\_\_\_\_

**Start date of internship:** \_\_\_\_\_ **End date of internship:** \_\_\_\_\_

**Est. hours/week:** \_\_\_\_\_

**Description of daily activities:** \_\_\_\_\_

**Description of any specific projects in which the intern may/will be involved:**

*Attach copies of any waivers and job description provided by the host institution in the internship announcement*

## Affirmation from the host institution

I, \_\_\_\_\_, agree to supervise/mentor W&J College student intern \_\_\_\_\_ starting \_\_\_\_\_ and ending \_\_\_\_\_. I further agree to monitor the intern's working hours to ensure that the total number of working hours is at least 160 hours. I agree to provide an assessment of the intern's performance, the criteria for which will be jointly developed between the Director of the Environmental Studies Program at W&J College and the intern's mentor/supervisor prior to start of the internship.

Printed name: \_\_\_\_\_

Title: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## Performance Indicators for a Washington and Jefferson College EVS Student Intern

Kindly hand-mark your assessment value and write any comments below. Please scan the completed document and send to the Director of Environmental Studies at Washington and Jefferson College via email attachment.

We encourage you to discuss this with the intern, providing any appropriate suggestions for improvement.

Thank you for supporting our program and our students!

Name of intern:

Evaluation period:

Name and title of supervisor:

1. Self-start ability	2	4	6	8	10
2. Ability to work independently	2	4	6	8	10
3. Personally handles criticism well	2	4	6	8	10
4. Proactive in seeking assistance	2	4	6	8	10
5. Communication (response time and clarity)	2	4	6	8	10
6. Demonstrated improvement over time	2	4	6	8	10
7. Punctuality/reliability	2	4	6	8	10
8. Adequate preparation for/participation in meetings	2	4	6	8	10
9. Professional demeanor	2	4	6	8	10
10. Effectively utilizes suggestions/recommendations	2	4	6	8	10

If any of the above are "not applicable", please explain below.

Please attach any assessment particular to your agency/institution.

Signed: \_\_\_\_\_

Date: \_\_\_\_\_