New Course Request

Indiana University

Indianapolis Campus

Check Appropriate Boxes: Undergraduate credit ☑ Graduate credit ☐ Professional credit ☐

1. School/Division: Continuing Studies
   2. Academic Subject Code: SCS-G

3. Course Number: 399 (must be cleared with University Enrollment Services)
4. Instructor: Myron Duff

5. Course Title: Special Topics: General Studies Internship

Recommended Abbreviation (Optional) ____________  (Limited to 32 Characters including spaces)

6. First time this course is to be offered (Semester/Year): SUMMER 2010

7. Credit Hours: Fixed at ________ or Variable from _____ to _____

8. Is this course to be graded S-F (only)? Yes ☐ No ☑

9. Is variable title approval being requested? Yes ☑ No ☐

10. Course description (not to exceed 50 words) for Bulletin publication: Permission of instructor.
    Open to General Studies students only. Students are to find their own internship before
    they request permission. The student may seek assignments with any agency relevant to
    their career interests. May earn up to 6 credit hours. Call 278-7600 to schedule an
    appointment with the instructor.

11. Lecture Contact Hours: Fixed at ________ or Variable from ________ to ________

12. Non-Lecture Contact Hours: Fixed at ________ or Variable from ________ to ________

13. Estimated enrollment: _______ of which ______ percent are expected to be graduate students.

14. Frequency of scheduling: each semester ☐ Will this course be required for majors? no ☐

15. Justification for new course: To provide ways for General Studies students to market themselves and gain experience.

16. Are the necessary reading materials currently available in the appropriate library? N/A

17. Please append a complete outline of the proposed course, and indicate instructor (if known), textbooks, and other
    materials.

18. If this course overlaps with existing courses, please explain with which courses it overlaps and whether this overlap is
    necessary, desirable, or unimportant.

19. A copy of every new course proposal must be submitted to departments, schools, or divisions in which there may be
    overlap of the new course with existing courses or areas of strong concern, with instructions that they send comments
    directly to the originating Curriculum Committee. Please append a list of departments, schools, or divisions thus
    consulted.

Submitted by:

[Signature]
Department Chairman/Division Director

Date: 5/1/2010

Approved by:

[Signature]
Dean

Date: 4/6/2010

Dean of Graduate School (when required)

Date ____________

University Enrollment Services

Date ____________

University Enrollment Services Final—White; Chancellor/Vice-President—Blue; School/Division—Yellow;
Department/Division—Pink; University Enrollment Services Advance—White
General Studies Internship Information Form (SCS-G 399)
Indiana University Purdue University Indianapolis
Community Learning Network
General Studies Program

Please complete all blanks on this form and use a separate form for each different position. The following information will be used to evaluate your organization's request. If approved, this information may be used to advertise the position to students. Please contact Myron Duff at mcduff@iupui.edu or (317) 278-7600 if you have any questions.

Date: _______________________

THIS SECTION NEEDS TO BE COMPLETED BY THE STUDENT:

Student’s Name: _________________________________________________________________

Student’s Email Address: _________________________________________________________

Student’s Phone Number: (Cell): ________________________________________________

(Home): ________________________________________________________________

THIS SECTION NEEDS TO BE COMPLETED BY THE INTERNSHIP SUPERVISOR:

Experiential Learning Environment: ______________________________________________

Supervisor’s Name _____________________________________________________________

Supervisor’s Title _____________________________________________________________

Supervisor’s Phone ____________________________________________________________

Supervisor’s Email Address ____________________________________________________

Please give a detailed description of the intern’s duties and responsibilities. :
__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________
What results do you expect the student to produce and how do these results fit into the overall goals of your organization?

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

Hours Per Week __________

Salary Range __________ Per __________ or None __________

Internship Supervisor’s signature __________________________________________

Date: ____________________
Indiana University Purdue University Indianapolis
Community Learning Network General Studies Degree
Internship Evaluation Form

**Internship Program - Site Coordinator/Sponsor Assessment of Intern**

Note: In the interest of learning and professional development, the Coordinator/Sponsor should review this completed form with the Intern at the end of the internship. Please return this form to the student as it is a part of their internship responsibilities to forward it to the General Studies Degree advisor, Community Learning Network at IUPUI. Please feel free to add narrative comments on this form or in a separate letter.

Thank you for your willingness to sponsor a General Studies Student Intern in your organization!

**STUDENT INFORMATION**

Name: ________________________________

Project or Job Title: ____________________

Total Hours Worked on Internship: ____________________

**ASSESSMENT OF STUDENT'S PROFESSIONAL DEVELOPMENT**

In your opinion, how well was the student able to learn and utilize the following skills during the internship? Please circle the appropriate descriptor.

1. **Interpersonal Relations**
   (Communication with co-workers, ability to work with others on projects)
   
<table>
<thead>
<tr>
<th>Excellent</th>
<th>Good</th>
<th>Average</th>
<th>Below Average</th>
<th>Poor</th>
</tr>
</thead>
</table>

2. **Judgment**
   (Ability to make professional decisions)
   
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<thead>
<tr>
<th>Excellent</th>
<th>Good</th>
<th>Average</th>
<th>Below Average</th>
<th>Poor</th>
</tr>
</thead>
</table>

3. **Dependability:**
   (Punctuality, reliably completed tasks, worked assigned hours/days)
   
<table>
<thead>
<tr>
<th>Excellent</th>
<th>Good</th>
<th>Average</th>
<th>Below Average</th>
<th>Poor</th>
</tr>
</thead>
</table>

4. **Quality of Work**
   (Projects and tasks completed with attention to details, works independently and as team-player, minimal errors)
   
<table>
<thead>
<tr>
<th>Excellent</th>
<th>Good</th>
<th>Average</th>
<th>Below Average</th>
<th>Poor</th>
</tr>
</thead>
</table>

5. **Overall Performance**
   
<table>
<thead>
<tr>
<th>Excellent</th>
<th>Good</th>
<th>Average</th>
<th>Below Average</th>
<th>Poor</th>
</tr>
</thead>
</table>

7. **Suggested Grade:** A B C D F

Name of Internship Coordinator/Sponsor: ________________________________

Name & Address of Internship Site: ________________________________

Would you be willing to allow other General Studies students to work as an intern at your organization? __________

Signature: ________________________________

Date: ________________________________