

**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 3 to 6

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: P: 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 0 or Variable from \_\_\_\_\_ to \_\_\_\_\_

12. Non-Lecture Contact Hours: Fixed at \_\_\_\_\_ or Variable from 10 to 20

13. Estimated enrollment: 10 of which 0 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: *Maureen Bauer* Date 5/1/2010  
Department Chairman/Division Director

Approved by: *W. J. Sullivan* Date 4/6/2010  
Dean

\_\_\_\_\_  
Date \_\_\_\_\_  
Dean of Graduate School (when required)

\_\_\_\_\_  
Date \_\_\_\_\_  
Chancellor/Vice-President

\_\_\_\_\_  
Date \_\_\_\_\_  
University Enrollment Services

After School/Division approval, forward the last copy (without attachments) to University Enrollment Services for initial processing, and the remaining four copies and attachments to the Campus Chancellor or Vice-President.

**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](mailto: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?

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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)

**Excellent      Good      Average      Below Average      Poor**

**2. Judgment**

(Ability to make professional decisions)

**Excellent      Good      Average      Below Average      Poor**

**3. Dependability:**

(Punctuality, reliably completed tasks, worked assigned hours/days)

**Excellent      Good      Average      Below Average      Poor**

**4. Quality of Work**

(Projects and tasks completed with attention to details, works independently and as team-player, minimal errors)

**Excellent      Good      Average      Below Average      Poor**

**6. Overall Performance**

**Excellent      Good      Average      Below Average      Poor**

**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: \_\_\_\_\_