Internship Requirements and Forms

PHHE 695, Internship in Public Health

Public Health Program
School of Nursing & Health Studies
College of Health & Human Sciences
Northern Illinois University

February 2011
Table of Contents

Requirements for Interns................................................................. 1

Checklist for Students..................................................................... 2

Checklist for Academic Advisers .................................................. 3

Completing the Learning Plan....................................................... 4

Program Objectives...................................................................... 6

Public Health Internship Contract................................................. 10

Learning Plan ............................................................................... 12

Agency Evaluation of Intern.......................................................... 13

Internship Time Sheet ................................................................. 15

Sample Learning Plan .................................................................. 17

Sample Contract ......................................................................... 18
Requirements for Interns

You are required to take PHHE 695, Internship in Public Health, prior to graduation. M.P.H. students must take 6 semester hours of internship (equivalent of 300 clock hours). Enrollment in fewer than 6 semester hours of PHHE 695 is allowed only for extreme cases, and must be based upon written documentation of relevant public health experience of a significant nature. To enroll in fewer than 6 semester hours, written approval by your adviser is needed. Internship credit cannot be granted for prior work experience, nor can normal job responsibilities be used to fulfill internship requirements. In no case will you be permitted to take fewer than 3 semester hours of internship.

Internship hours may not be taken until you have completed all core and specialization course requirements of the program.

The university waives tuition for all graduate internships when the internship is a degree requirement. Tuition is also waived for any other courses taken in the same semester as the internship. Students are responsible for all fees associated with the internship and any other courses taken in that semester. To secure the tuition waiver, students should prepare all internship related documents and register for PHHE 695 by the end of the second week of the semester. Please see the program secretary to complete the appropriate paperwork and to obtain a permit to register for the course.

Students are responsible for obtaining liability insurance where required by the internship site. Because it can take several weeks to process applications for insurance, students are advised to begin this process at least 1 month prior to the anticipated start of their internship. Failure to follow these requirements could delay the start of your internship.

Students should prepare Sections I-IV of the Learning Plan and the applicable sections of the Public Health Internship Contract (included in this packet) with a preceptor. If warranted, revise the Learning Plan and Contract per your adviser’s feedback. The Learning Plan and Contract outline the three-way expectations agreed upon by you, the agency preceptor, and your adviser. The Learning Plan and Contract assure that the agency preceptor and your adviser understand and agree to your role and responsibilities at the internship site. In addition, the Learning Plan and Contract serve as a basis for your self-evaluation as well as the evaluation of your internship by your agency preceptor and adviser. The document also serves as a reference if questions or problems develop during the internship.
Checklist for Students

Internship requires careful planning. Allow at least a month of preparation time. You must complete the following tasks before you can begin your internship.

☐ Meet with your adviser in the preceding semester to discuss possible internship placements and specific expectations for the internship in your area of specialization.

☐ Identify an appropriate internship site and preceptor, and get the approval of your adviser. The preceptor who will evaluate the intern should have at least a Master’s degree.

☐ Register for PHHE 695 upon your adviser’s approval. To register, you need to contact the program secretary to obtain a permit number. The program secretary will determine whether an Affiliation Agreement (a legal document between the University and the internship site) needs to be initiated.

☐ Obtain liability insurance where required by the internship site.

☐ Complete Sections I-IV of the Learning Plan and the applicable sections of the Public Health Internship Contract with your preceptor.

☐ Submit your typed Learning Plan and Contract to your adviser for your adviser’s feedback.

☐ After your adviser’s final approval, provide a final copy for your adviser and agency preceptor. Also retain a copy for yourself. The Program and Specialization Objectives section needs to be included in the copies of the Learning Plan and Contract.

☐ IMPORTANT NOTE TO INTERNATIONAL STUDENTS. It is important that you consult with the International Student and Faculty Office (ISFO) before you begin your internship. The federal laws governing your eligibility to participate in internship are complicated and change from-time-to-time. Your immigration status is your responsibility.
Once your internship is underway, it is important to complete the following tasks:

- Complete all activities outlined in the Learning Plan unless renegotiated with your agency preceptor and adviser.

- Submit internship time sheets to your adviser on a regular basis to update your progress in the internship. The Internship Time Sheet is included in the Internship Forms section.

- Provide your evaluation of the degree to which the objectives in the Learning Plan were met in Column V of the Learning Plan.

- Give the agency preceptor an Agency Evaluation of Intern form and ask them to fill it out and send or fax it back to the program office.

**Checklist for Academic Advisers**

- Consult the student in identifying a suitable internship in his/her area of specialization and in completing the Learning Plan and Contract as outlined above.

- Review and verify Column V in the Learning Plan prior to completion of the internship.

- Obtain a completed Agency Evaluation of Intern form from the agency preceptor.

- Assign a grade (S/U/I) for PHHE 695 upon completion of the internship.
Completing the Learning Plan

The Learning Plan is organized to encourage you to link together your learning objectives with your plans for internship activities. The following instructions, along with the accompanying example, have been developed to aid you in completing this assignment.

A. Organization of the Learning Plan

The Learning Plan consists of five sections – Internship Activities, Objectives for Each Activity, Supervision and Monitoring, Attainment Criteria, and Evaluation. Each of these is described below.

I. Internship Activities: Based on your area of specialization, determine when talking with your agency preceptor and adviser what major activities you will perform while at the agency. These are to be listed here. Indicate the specific projects and assignments you will be responsible for and the percentage of time to be devoted to each. The percentage total must equal 100 percent.

II. Objectives for Each Activity: In this section, identify the specific learning objectives for each activity identified in the previous column. Determine what you plan to learn from each activity. Be specific and use concrete, measurable terms to describe the objectives. The objectives should correspond to the objectives for your area of specialization. See “Program Objectives.”

III. Supervision and Monitoring: Describe how each of the objectives in the previous column will be monitored and supervised by the agency preceptor or others in the organization. Also indicate the specific products (e.g., reports) that will be produced as a result of each of the activities.

IV. Attainment Criteria: In this section, list the criteria that will be used to assess the degree to which you have achieved each of your objectives in Column II.

V. Evaluation (Attainment of Objectives): This column is to be completed independently by the intern and the adviser at least one week prior to completion of the internship. For each criterion in Column IV, indicate the degree to which it has been met using a scale of 0-3, with 3 representing complete attainment. Also, explain the rationale for your score in each case.
B. Writing clear and measurable internship objectives

All learning objectives, whether for your internship or not, should be specific, measurable, and written in behavioral terms. Each objective should specify an observable learning outcome and should be linked to one or more of the M.P.H. objectives for your specialization (health promotion or health services management). All learning objectives have two parts – an action verb and a content area.

The example below is based on the health services management objective 4 and the following sub-objectives, most specifically 4.2.

**Health Services Management Learning Objective**

4. Demonstrate leadership skills in planning, organizing, directing and controlling material and financial resources

4.2 Apply strategies for utilizing information technology in the health care management process

4.1 Apply financial analytic techniques in managerial decision-making

**Internship Objective**

1. Construct a financial feasibility study for a proposed long-term care unit in XYZ hospital by the end of the second month of the internship period as measured by a written study plan.

Internship objectives should be specific and should clarify and provide examples of the behavioral responses students are expected to make when they have achieved the objective. In selecting action verbs, avoid terms like “appreciates,” realize” or “understands” since these terms refer to an internal state that cannot be observed by an outside evaluator (your preceptor and adviser). Instead, describe what you will *do* when you understand or grasp a concept. For example, you may “apply,” “implement” or “evaluate” a public health principle or concept, all of which are observable by your preceptor and adviser. The content area in the example above is obviously financial feasibility.

If your internship objectives are well-written, your preceptor and adviser need only make two judgments. First, did you or did you not perform the task. As in the example above, to “construct a financial feasibility study for a proposed long-term care unit in XYZ hospital,” can be measured by determining whether or not you did the financial feasibility study, as evidenced by the written product. The second part of the measurement relies on the experience and expertise of your preceptor and adviser to make a qualitative judgment: does the feasibility study address all required components adequately and come to an appropriate conclusion?
Program Objectives

The instructional objectives of the public health program are designed to prepare public health professionals who are able to:

1. Identify, measure and prioritize the specific health needs of populations;
2. Plan, implement and evaluate public health programs;
3. Synthesize and critique the findings of public health research;
4. Analyze the cultural, social, economic, political and professional forces that shape the delivery of public and community health services;
5. Identify the principal factors contributing to health and disease and the appropriate public health interventions;
6. Demonstrate a mastery of information technology which underpins the planning, monitoring and evaluation responsibilities of those in public health positions;
7. Identify the principles of effective implementation and management of health-related programs and services; and
8. Demonstrate the values and ethical behaviors associated with the practice of public health.

Health Promotion

Graduates of the health promotion specialization will be able to:

1. Apply theories and principles of health promotion
   1.1 Demonstrate knowledge of cultural, social, economic and political factors that affect health behaviors
   1.2 Identify health promotion practices and theories consistent with current research and knowledge in the field
2. Assess individual and community needs for health promotion/disease prevention programs
   2.1 Identify, integrate and interpret appropriate sources of data regarding health needs and resources
   2.2 Utilize information technology in health promotion
   2.3 Determine priority areas of need for health promotion
3. Plan effective health promotion/disease prevention programs for individuals and communities
   3.1 Involve key personnel and agencies in the planning of health promotion programs
   3.2 Develop measurable goals and objectives in health promotion programming
   3.3 Demonstrate a wide range of health promotion strategies for diverse populations
   3.4 Develop an operational plan for health promotion programs
4. Implement appropriate community-based health promotion/disease prevention programs to meet the needs of diverse populations

4.1 Utilize effective health promotion strategies
4.2 Incorporate technology and other educational media into the health promotion process

5. Evaluate the effectiveness of health promotion/disease prevention programs

5.1 Design or select appropriate program evaluation techniques
5.2 Employ valid and reliable tests, survey instruments and evaluation methods pertinent to health promotion programming
5.3 Analyze and interpret results of program evaluation
5.4 Suggest appropriate program improvements based on program evaluation results

6. Coordinate health promotion/disease prevention services in the community

6.1 Apply knowledge and skills necessary to build community coalitions in health promotion programming
6.2 Consider the social and cultural forces influencing public perception and acceptance of health programs
6.3 Choose effective conflict reduction techniques and apply them when working with community constituents

7. Communicate health promotion/disease prevention needs to the public, media and policymakers

7.1 Apply health theories and concepts in selecting effective communication techniques
7.2 Demonstrate proficiency in communicating health education needs, concerns and resources

8. Demonstrate the values and ethical behaviors associated with the practice of the health promotion profession

8.1 Apply the code of ethics of the health promotion profession in specific health promotion situations

Health Services Management

Graduates of the health services management specialization will be able to:

1. Identify the complex structures, roles and functions of health service organizations

1.1 Apply systems analysis to the health care sector
1.2 Analyze stakeholder interest in health care delivery
1.3 Identify goals for health care delivery that are realistic and politically feasible
2. Employ conceptual and analytical skills to understand and respond appropriately to an evolving health sector

2.1 Identify and access valid sources of information about the health sector
2.2 Utilize information technology to analyze health sector data
2.3 Develop/modify managerial policies in response to changes in the health sector

3. Identify the influence of the external environment; social, cultural political, economic and regulatory on managerial decision-making

3.1 Formulate strategies for health services organizations that anticipate and respond to changes in the external environment
3.2 Apply economic theory to formulate health care delivery solutions

4. Demonstrate leadership skills in planning, organizing, directing and controlling material and financial resources

4.1 Apply strategies for utilizing information technology in the health care management process
4.2 Apply financial analytic techniques in managerial decision-making

5. Demonstrate leadership skills in planning, organizing and directing human resources

5.1 Analyze the major external environment factors that influence human resources management
5.2 Analyze the major organizational factors that influence personnel management
5.3 Formulate or modify personnel policies that reflect changes in the external and organizational environments

6. Evaluate the effectiveness of managerial policies and practices in health service organizations

6.1 Design or select appropriate program evaluation techniques
6.2 Analyze and interpret results of program evaluation
6.3 Suggest improvements in managerial processes based on program evaluation results

7. Communicate effectively with a variety of constituencies internal and external to health services organizations

7.1 Identify key stakeholders in management decisions
7.2 Demonstrate proficiency in managerial communication in oral and written formats

8. Demonstrate the values and ethical behaviors associated with the practice of health services management

8.1 Apply the code of ethics of the health services management profession in specific health services delivery situations
INTERNSHIP FORMS
Public Health Internship Contract
(Please Type or Print)

1. Student: ________________________________________________________________
   Permanent Address: _______________________________________________________
   Phone Number: ___________________________________________________________

2. Internship site: ___________________________________________________________
   Agency Preceptor: _______________ Title: _________________________________
   Address: __________________________________________________________________
   Phone number: _______________ FAX: _____________________________

3. Specialization/Area of Study: ______________________________________________

4. Pay status:
   ____ Paid Employee
   ____ Experience only, no pay
   ____ Other (describe) ____________________________________________________
                                                                                   

5. Period of internship with this agency:
   Starting date ___________________________
   Ending date ___________________________

6. Schedule of work:
   Hours per week ___________________________
   Days per week ___________________________

7. Are you covered by agency for liability? Describe:
8. Complete the Learning Plan (see directions and example attached).

9. Major assignments to be completed by student (list major products to be completed):

__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________

Note: The Internship Preceptor must complete and submit the “Agency Evaluation of Intern” to the supervising faculty member at least one week prior to completion of the internship.

10. Authorizations:

Student: ___________________________________ Date: ____________________
       (signature)

Student: ___________________________________
       (printed or typed)

Address during internship: ____________________________________________
                          ____________________________________________

Phone: __________________________________________

E-mail: __________________________________________

Agency Preceptor: __________________________________ Date: ____________________
                  (signature)

Agency Preceptor: _______________________________________________
                  (printed or typed)

Academic Adviser: __________________________________ Date: ____________________
                  (signature)

Academic Adviser: _______________________________________________
                  (printed or typed)

11. Credit hours for internship*: __________

*Internships of less than 6 semester hours must be accompanied by a written justification.
# Learning Plan

Student: ____________________________ Date: __________

<table>
<thead>
<tr>
<th>I. Internship Activities</th>
<th>II. Objectives for Each Activity</th>
<th>III. Supervision and Monitoring</th>
<th>IV. Attainment Criteria</th>
<th>V. Evaluation</th>
</tr>
</thead>
</table>

12
Northern Illinois University  
School of Nursing & Health Studies  
Public Health Program

**Agency Evaluation of Intern**

Student Name (print): ____________________________________________________________

Agency (print): _________________________________________________________________

Internship Preceptor (print): _______________________________________________________

1. Please rate the intern with respect to the following personal characteristics by circling the appropriate number.

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<tr>
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<th>Poor</th>
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<th>Poor</th>
<th>Poor</th>
<th>Poor</th>
<th>Poor</th>
<th>Poor</th>
<th>Poor</th>
<th>Excellent</th>
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<td>8</td>
<td>9</td>
<td>10</td>
<td>N</td>
<td>N</td>
<td>N</td>
<td></td>
</tr>
<tr>
<td>Relations with others</td>
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<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
<td>7</td>
<td>8</td>
<td>9</td>
<td>10</td>
<td>N</td>
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<tr>
<td>Dependability</td>
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<td>3</td>
<td>4</td>
<td>5</td>
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<td>10</td>
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<td>N</td>
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<tr>
<td>Professional judgment</td>
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<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
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<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
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<td>10</td>
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<td>Written communication</td>
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<td>4</td>
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<td>6</td>
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<td>Leadership ability</td>
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</tbody>
</table>

2. Please rate the intern with respect to the objectives in Column II of the Learning Plan.

<table>
<thead>
<tr>
<th>Objective</th>
<th>Poor</th>
<th>Poor</th>
<th>Poor</th>
<th>Poor</th>
<th>Poor</th>
<th>Poor</th>
<th>Poor</th>
<th>Poor</th>
<th>Poor</th>
<th>Poor</th>
<th>Excellent</th>
<th>Excellent</th>
<th>Excellent</th>
<th>Not Applicable</th>
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</thead>
<tbody>
<tr>
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<tr>
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<tr>
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<td>NA</td>
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<tr>
<td>Objective</td>
<td>1</td>
<td>2</td>
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<td>7</td>
<td>8</td>
<td>9</td>
<td>10</td>
<td>NA</td>
<td>NA</td>
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</tr>
</tbody>
</table>

13
3. What were the major strengths of the intern’s contributions to the agency?

4. What were the major weaknesses of the intern’s contributions to the agency?

5. Would you hire this student to work in your organization? Why or why not?

6. To what extent has the intern demonstrated competence in health promotion/health services management/general public health (circle appropriate specialization)?

7. Other comments

Thank you very much for your efforts on behalf of Public Health interns. Please send or fax the completed form to:

Public Health Program – Internship
School of Nursing & Health Studies
Northern Illinois University
DeKalb, IL 60115
FAX: 815-753-5406
PHHE 695, Internship in Public Health

Internship Time Sheet

<table>
<thead>
<tr>
<th>Day of the Week</th>
<th># of Hours Worked</th>
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<tbody>
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<td>Monday</td>
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<tr>
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</tr>
<tr>
<td>Saturday</td>
<td></td>
</tr>
<tr>
<td>Sunday</td>
<td></td>
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</tbody>
</table>

| Total           |                   |

Agency Preceptor ___________________________  Signature ___________  Date ___________

Running Total of Hours ___________

Student __________________________________________________________

Internship Agency ________________________________________________
SAMPLE LEARNING PLAN AND CONTRACT
**Learning Plan: (Example, Health Promotion Focus Area)**

Student: ___________________________ Date: ____________

<table>
<thead>
<tr>
<th>I. Internship Activities</th>
<th>II. Objectives for Each Activity</th>
<th>III. Supervision and Monitoring</th>
<th>IV. Attainment Criteria</th>
<th>V. Evaluation</th>
</tr>
</thead>
</table>
| 1. Develop and deliver smoking education classes for WIC program enrollees in Smith County (75%) | Activity 1:  
1. Select and choose between model smoking education programs applicable to WIC participants by synthesizing and critiquing the findings of public health research  
2. Develop smoking education classes for WIC program enrollees  
3. Implement and deliver smoking education program for WIC program enrollees | 1. A daily log of activities will be kept in a notebook. Copies of entries will be mailed bimonthly to adviser.  
2. A meeting will be held each week with preceptor to discuss progress toward achieving objectives.  
3. A smoking education program will be produced.  
4. A comprehensive evaluation of the smoking education program will be conducted. | 1. A completed daily log will be mailed on time twice each month to adviser. A copy will be submitted to preceptor.  
2. The smoking education program materials will be completed and forwarded to adviser two weeks prior to completion of the internship.  
3. The comprehensive evaluation plan, final report, and outcomes data will be compiled and forwarded to adviser two weeks prior to completion of the internship. | 1. Logs were completed as directed. (3)  
2. The smoking education program was completed satisfactorily but turned in late. (2)  
3. The evaluation was completed but had deficiencies related to comprehensiveness and quality. (2) |

**Activity 2:**  
1. Evaluate the effectiveness of the smoking education program by using a pretest/post-test measure of self-efficacy  
2. Apply information handling skills that underpin program evaluation | Overall: 2.33 |
Public Health Internship Contract

1. Student: _____________________________ Ima Student ____________________________________________
   Permanent Address: ______ 123 Public Health Avenue, Anytown, IL 34567_____________________
   Phone Number: __________ 815-555-0695_______________________________________

2. Internship site: __________ Name of Public Health Agency ____________________________
   Agency Preceptor: _____ Ben E. Volent _______ Title: _____ Administrator _____________
   Address: ____ 789 Public Health St., Everytown, IL 43215____________________
   Phone number: ____ 815-555-0651___________ FAX: ______ 815-555-0653_____________

3. Specialization/Area of Study: _______ Health Services Management_____________________

4. Pay status:
   ____ Paid Employee
   ___X___ Experience only, no pay
   ____ Other (describe) ____________________________________________________________

5. Period of internship with this agency:
   Starting date ____ June 10, 2004___________
   Ending date ____ August 9, 2004____________

6. Schedule of work:
   Hours per week __________ 40.0____________
   Days per week _____ Monday - Friday_______

7. Are you covered by agency for liability? Please circle appropriate item:
   Yes. My agency has a group policy for interns.
   No. I have obtained my own insurance (specify insurer/effective date): _________________
8. Complete the Learning Plan (see directions and example attached).

9. Major assignments to be completed by student (list major products to be completed):

   _____ Update 5-year plan for the agency
   ____________________________________________
   ______ A comprehensive marketing plan for the agency
   ____________________________________________

   __________________________________________________________________________
   __________________________________________________________________________

   Note: The Internship Preceptor must complete and submit the “Agency Evaluation of Intern” to the supervising faculty member at least one week prior to completion of the internship.

10. Authorizations:

    Student: __________________________________ Date: ____________________
        (signature)

    Student: ____________________________
        (printed or typed)

        Address during internship: ________________________________
                                695 Sunny Street
                                ____________________________
                                Everytown, IL  43215

        Phone: ____________________________
    E-Mail: __________________________________________________

    Agency Preceptor: ______________________________ Date: ____________________
        (signature)

    Agency Preceptor: ____________________________
        (printed or typed)

    Academic Adviser: ______________________________ Date: ____________________
        (signature)

    Academic Adviser: ______________________________
        (printed or typed)

11. Credit hours for internship*:  __6.0________

    *Internships of less than 6 semester hours must be accompanied by a written justification.