

**SCHOOL OF BUSINESS ADMINISTRATION
DEPARTMENT OF FINANCE
STUDENT INTERNSHIP PROGRAM – FINA 397-01**

ELIGIBILITY REQUIREMENTS*

In order to be eligible to participate in the Department of Finance Internship Program, each student must satisfactorily meet all of the following criteria:

- Possess at least a junior level status
- Possess at least a 2.5 grade point average
- Possess a declared Finance major or minor
- Completed FINA 311
- Intern in an organization that is not owned/operated by your immediate family or relative
- Certify that the internship experience is temporary and educationally related
- Work during the entire term of the internship. Work a minimum of 140 hours during the regular semester for one unit or summer term for 70 hours minimum for one-half unit.
- Intern in a job directly related to your academic major.
- Satisfactorily complete and submit to the Finance Program Director all internship forms in a timely manner.

* Students meeting the minimum requirements are not guaranteed acceptance into the Department of Finance Internship Program. Final approval regarding individual student's acceptance into this Program is determined by the Finance Internship Program Director.

** You **MUST** enroll in FINA 397-01 in order to receive course credit.

*** Once you are enrolled in FINA 397 -01, you **MUST** finalize your course registration. Details on how to do so are included in the following list of instructions.

**** The Finance Internship is graded on a Pass/Fail basis and becomes a general elective for the BBA.

INSTRUCTIONS

TO INITIATE INTERNSHIP COURSE REGISTRATION:

- Pick up an internship packet from the Director of Finance Internship Program, LBC-314.
- Complete Internship Pre-Approval Form and meet with your faculty advisor to discuss and sign off on your internship proposal.
- Submit Internship Pre-Approval Form (with all required signatures) to the Director of the Finance Program at least one week prior to the registration advisory period for the term in which the internship is proposed. Please attach a copy of your current academic check sheet to this Pre-Approval Form.
- Once your internship proposal has been approved, request a “Permission of Instructor Override” from the Director of Finance Internship Program.
- Register for the FINA 397-01 internship course
- Finalize your internship course registration by completing the following requirements under the One Stop tab in MyStetson:
 - ✓ Academic Internship Application
 - ✓ Learning Agreement
 - ✓ Liability Waiver
 - ✓ Attend an Internship Orientation session

*Finalize your internship course registration to avoid Administrative Withdrawal from the internship course.

DURING YOUR INTERNSHIP:

- Assure that your supervisor completes Form #1 and forwards this document to the Program Director by no later than two weeks before the semester term ends. Have your supervisor mail or fax the Form to:

Internship Program Director
Finance Dept., School of Business
Stetson University
421 N. Woodland Blvd., Unit #8398
DeLand, FL 32723
FAX: 386-822-7491
- Complete Form #2 and submit to the Program Director by no later than one week before the semester term ends.
- See the Program Director to set up an appointment or an exit interview. Participate in an internship exit interview with the Program Director when Form #2 is submitted.

Department of Finance Internship Pre-Approval Form

This form is a tool to help you register for the FINA 397 academic internship course. Students should complete this form (to the best of your ability) and submit it to the Finance Internship Program Director as part of your request to receive “instructor permission” to register for the course. Be sure to keep this Pre-Approval Form, as you will need it to finalize your registration when you complete the online Academic Internship Application available via My Stetson.

Current Internship Information

Name: _____ Stetson ID# _____

E-mail: _____ Major: _____

Semester to register for internship: FALL: _____ SPRING: _____ SUMMER: _____

Internship Course Title (include course prefix and number): **FINA 397**

Full Unit: _____ Half Unit: _____

Organization/Company Name: _____

Organization/Company Web Address (if applicable): _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Internship Position Title: _____

Estimated Start date: _____ Estimated End Date: _____

Is this internship paid? Yes No

Hours worked per week: _____

Internship Site Supervisor name/email/phone number: _____

Academic Department of the Internship: **Finance**

Faculty Instructor name/email/phone number: _____

Faculty Advisor Name/email/phone number: _____

Learning Outcomes:

1.

2.

**SCHOOL OF BUSINESS ADMINISTRATION
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STUDENT INTERNSHIP PROGRAM
FORM #1**

EMPLOYER'S EVALUATION

Name: _____ Course: _____
Major: _____ Term: _____

Work Dates: _____ Hours per week: _____
Job Title _____

Brief description of job duties: _____

I. INSTRUCTIONS:

The immediate supervisor should evaluate this student with other employees of comparable level applying organizational standards. Please evaluate the student on the following ten dimensions utilizing the definitions below. Check the appropriate box.

- 1- Consistently performs below acceptable level, below standards expected.
- 2- Often performs below acceptable level, below standards expected.
- 3- Performs at an acceptable level, meets standards expected most of the time.
- 4- Performs above acceptable level, often exceeds standards expected.
- 5- Consistently performs above acceptable level, consistently exceeds standards expected.

	1	2	3	4	5
Goal attainment: Completes assigned goals successfully and effectively.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Goal setting: Sets realistic goals.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Productivity/efficiency/accuracy: Produces required, accurate results within est. time standards.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Job knowledge/skills: Reflects knowledge and ability required for successful job completion.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Learning ability: Comprehends assignments and concepts.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cooperation: Works harmoniously and effectively with others.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<u>1</u>	<u>2</u>	<u>3</u>	<u>4</u>	<u>5</u>
Communication skills: Successfully demonstrates written, verbal and interpersonal skills.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Quantity: Completes assignments successfully and according to instructions.

Judgment/decision making: Makes sound decisions based on one's own judgment.

Quality: Produces high quality work.

II. ATTENDANCE/TARDINESS (Circle appropriate statement)

Unacceptable: Frequently absent or tardy with unacceptable explanation.

Satisfactory: Seldom absent or tardy with acceptable explanation.

Commendable: No absences, always punctual, begins work on time.

III. OVERALL SUBJECTIVE EVALUATION OF EMPLOYEE PERFORMANCE:
(circle one)

SUPERIOR PROFICIENT SATISFACTORY MARGINAL UNACCEPTABLE

IV. Have you noticed areas of instruction or skills in which this person is lacking?

V. ADDITIONAL EMPLOYER COMMENTS: (Please include anything which the University should provide to make the student intern more valuable.)

VI. STUDENT COMMENTS: (circle one) I agree or disagree with this evaluation.

STUDENT INTERN

DATE

IMMEDIATE SUPERVISOR

DATE

**SCHOOL OF BUSINESS ADMINISTRATION
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STUDENT INTERNSHIP PROGRAM
FORM #2**

STUDENT EVALUATION FORM

Semester: _____ Dates Worked: _____
Name: _____ Major: _____
Work Site: _____
Job Title _____ Hours per week: _____ Rate of Pay: _____
Supervisor: _____

Evaluate the work assignment using the following scale:

- 1 – Excellent
- 2 – Good
- 3 – Average
- 4 – Marginal
- 5 - Unsatisfactory

_____ Orientation to department & duties	_____ Acceptance by co-workers
_____ Quality of work assignment	_____ Education value (relation to studies)
_____ Quality of work	_____ Career Preparation
_____ Communication with Supervisor	_____ OVERALL RATING

What work did you perform during this intern period?

What were the strengths and weaknesses of the training you received?

What are suggestions or ideas for ways in which the Internship Program could be improved?

How would you rate your overall performance in this position?

(Excellent, good, fair, needs improvement) _____

STUDENT INTERN'S SIGNATURE

DATE

**SCHOOL OF BUSINESS ADMINISTRATION
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FORM #3**

STUDENT INTERN GRADING SUMMARY

The final grade for the student's internship experience will be established as follows:

	Poor	Below Average	Average	Above Average	Excellent
1. Adherence to student internship eligibility requirements and procedures	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Quality of learning experience (determined at exit interview)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Supervisor's evaluation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Total
Score = _____

Final
Score = $\frac{\text{Total Score}}{15} = \underline{\hspace{2cm}}$ %

Final Grade = _____

PROGRAM DIRECTOR'S SIGNATURE

*INTERNSHIP DIRECTOR'S COMMENTS:

