An internship extends a student’s learning opportunities beyond the classroom setting. An internship allows the student to work with a faculty mentor and a sponsor from a business or organization to gain hands-on experience in professional work environments that relate to their academic and career interests. Students should be able to relate the internship experience to knowledge and skills that they have gained through college-level classroom instruction.

Internships I and II carry the course number 293 and 294 respectively, and may be completed for anywhere from one to six credits. However, no more than six credits from 293/294 numbered courses can be used to satisfy requirements for any one degree or certificate.

An internship might not be accepted in transfer to a Baccalaureate degree awarding institution.

☐ 293 (1 – 6 credits) Internship I is a site-based learning experience. In consultation with an appointed faculty mentor and a site supervisor, students will develop and fulfill a list of learning goals and expectations. Activities could include site-based research and presentations, field experiences, apprenticeships, performing tasks commensurate with the student’s professional goals, shadowing professionals, etc. Before the internship begins, the student and faculty mentor will agree upon the credits to be awarded (45 on-site hours per credit). At the end of the internship, the grade will be determined by the faculty mentor, in consultation with the student and the site personnel, on the basis of the degree to which the student has advanced their understanding in the field of interest.

☐ 294 (1 – 6 credits) Internship II is a site-based learning experience. In consultation with an appointed faculty mentor and a site supervisor, students will develop and fulfill a list of learning goals and expectations. Students will put to practice skills and knowledge gained in previously taken courses and program related experiences. Thus, it is expected that the relationship between student and the site is mutually beneficial – students will gain real-life experience as they put theory to practice and the site will have value added in some significant way. Before the internship begins, the student and faculty mentor will agree upon the credits to be awarded (45 on-site hours per credit). At the end of the internship, the grade will be determined by the faculty mentor, in consultation with the student and the site personnel, on the basis of the degree to which the student has advanced their understanding in the field of interest.

To begin the process to sign up for an internship, see your academic advisor and/or the faculty mentor with whom you will work. Internship forms can be obtained from the Registrar’s Office, Academic Grouping Offices. Note: The faculty mentor will confer with the department’s chair/Coordinator or his/her designee to confirm the appropriateness of the placement.
Greenfield Community College
Internship (Field Experience/Apprenticeship) Form

Student’s Name: ___________________________ #: __________
Last First M. Student ID #

Phone #: ___________________________

Course Code: ___________________________
Internship In: ___________________________
Code/Number (Subject)

Credits: ________
Method of Grading: CR/NC or Letter Grade
Advising Code: ________

Term: ☐ Fall _____ ☐ Spring _____ ☐ Summer _____
Year Year Year

Faculty Mentor: __________________________________________

Internship Site: __________________________________________

Internship on-site contact person: ___________________________

Phone: ___________________________

Email: ___________________________

Field of Focus (Check one):
☐ Business ☐ CIS ☐ Criminal Justice ☐ Economics ☐ Engineering ☐ Fire Science ☐ Science(Renewables)
☐ Other ___________________________

(To be determined in consultation with faculty mentor) How often and for what purpose will you meet with or contact your faculty mentor? __________________________________________

How many hours per week will you be working? ___________________________

For how many weeks? ___________________________

What is the anticipated start date? ___________________________

What is the anticipated end date? ___________________________

(over)
Learning Plan (To be filled out in consultation with the faculty mentor)

As the student, what do you hope to gain from this internship? List specific learning objectives.

How will you demonstrate success in achieving those learning objectives? (Examples here could include a daily journal of your experiences, research papers, a portfolio of your creations, and/or etc.)

What will the business or organization where you are placed gain from your involvement? (This question is most germane if you have signed up for a 294 level experience.)
The Student: I attest that the information on page one is correct. I have read and/or helped to draft the learning plan on page two and agree to fulfill and demonstrate success in fulfilling the objectives. I recognize that, as an intern from Greenfield Community College, I represent the college to the community. I therefore agree to conduct myself professionally on the job. I will meet the expectations of behavior, dress, punctuality, and industriousness commensurate with the responsibilities that I have been given. I will treat my placement workers and supervisors and the company’s/organization’s customers/clients with utmost respect.

Student Name: (print) __________________________________________
Student Signature: ____________________________________________ Date: __________________

The Faculty Mentor: It is my best judgment that this proposed placement is suitable for this student and this student is prepared and appropriate for the proposed placement. I have reviewed the internship information on page one the learning plan on page two and agree to oversee the student’s progress in fulfilling those objectives. I have conferred with the department’s chair/coordinator or his/her designee to confirm the appropriateness of this placement.

Faculty Mentor Name: (print) __________________________________________
Faculty Mentor Signature: __________________________________________ Date: __________________

The On-site supervisor: My company or organization agrees to permit this student to participate as an intern as described on page one. I agree that the learning objectives as described on page two are realistic and I will work to assist the student, through his or her experiences at my site, in achieving the stated objectives.

On-site Supervisor’s Name: (print) __________________________________________
On-site Supervisor’s Signature: __________________________________________ Date: __________________

The Associate Dean: I have reviewed this document and conclude that the proposed internship satisfies the College’s academic standards and requirements and that the credits offered are reasonable and appropriate upon satisfactory completion of the proposed internship.

Associate Dean’s Name: (print) __________________________________________
Associate Dean’s Signature: __________________________________________ Date: __________________
Greenfield Community College (GCC)

Criminal Offender Record Information Checks

Students interested in participating in an academic program that involves working with children, the disabled, or the elderly, or includes a clinical affiliation with a private or public health care provider, will be required to undergo a Criminal Offender Record Information (CORI) check. Depending on the contents of a student’s CORI report, participation in an academic program, or clinical affiliation related thereto, may be denied. CORI checks may be performed pursuant to Mass. General Laws, Chapter 6, Sections 167-178B, and consistent with guidelines of the Executive Office for Health and Human Services, and/or the Commonwealth’s Department of Public Health. For more information, please contact Laura Earl, Staff Assistant to the Dean of Student Affairs (413) 775-1816.

Participant’s Signature:______________________________________

Printed Name:________________________________________________

Date:________________________
GREENFIELD COMMUNITY COLLEGE
INTERNSHIP ACKNOWLEDGEMENT OF RISK AND CONSENT FORM

Section I (To be completed by participating Student and reviewed by supervising Faculty Member)

Internship Site: _______________________________________________________

Supervising Faculty member: ___________________________________________

Detailed Description of Internship Activity: ________________________________
_____________________________________________________________________
_____________________________________________________________________
_____________________________________________________________________

Section II (To be completed by the participating Student)

I understand that there are certain dangers, hazards and risks associated with my participation in the internship activity(s) described above. I further understand that all risks cannot be prevented. I have considered the risks associated with participating in this internship and knowingly and voluntarily assume all said risks. Furthermore, I represent that I am physically and mentally capable of participating in this internship and that I am capable of using the equipment, if any, associated with the activity.

On behalf of myself, and my family, heirs, assigns, and personal representatives, I hereby agree to indemnify, hold harmless, release from liability and waive any legal action against Greenfield Community College, its governing board, officers, agents and employees (collectively, “the Released Parties”) for any personal injury, death, or property damage I may suffer, due to any cause, including but not limited to the negligence of the Released Parties, arising out of or in any way connected to my participation in the internship or while in transit to or from said internship.

I represent that I am covered by adequate medical/health/accident insurance for any injury that I may suffer at the internship site. In the event I require medical services due to an injury suffered during the internship, I understand and agree that Greenfield Community College does not provide medical services or medical personnel at the internship site and is under no obligation to provide transportation for me to obtain medical services.

I understand and agree that this document shall be construed in accordance with the laws of the Commonwealth of Massachusetts. If any term or provision of this document shall be held invalid or unenforceable, the remaining terms and provisions shall remain in full force and effect.

I understand that by signing this document I am representing that I have read and understand all of its terms and conditions and that I fully intend to be bound by the same. I also understand that I may wish to consult with an attorney prior to signing this document.

Student’s Name: _______________________________________________________

Student’s Signature: _____________________________________________ Date: __________________

Emergency Contact: Name: ___________________________ Phone: __________________

If the internship participant is under 18 years of age, in signing this form in the space provided you are indicating that you, as parent or guardian or ward of the above named person, have decided to allow the above named person to participate in this internship placement and that you have read and understand the information provided here.

_________________________ ___________________________
Signature: Parent/Guardian/Ward Date

_________________________
Printed Name
S2009