

EVS Program Capstone – Internship Proposal

Submit this completed proposal in PDF format prior to the beginning of the internship for full consideration and review by the Director of the Environmental Studies Program at W&J College. The mentor/supervisor signature must be included.

Student-Intern Information

- **Name:** _____ **Major:** _____
- **Expected Graduation Semester/Year (e.g., May '21):** _____
- **Email address:** _____
- **Phone number during internship:** _____

Internship Information

Name of host institution: _____

Physical address: _____

Name, email, and phone number for mentor/supervisor at the host institution: _____

Start date of internship: _____

End date of internship: _____

Est. hours/week: _____

Description of daily activities: _____

Description of any specific projects in which the intern may/will be involved: _____

Attach copies of any waivers and job description provided by the host institution in the internship announcement

Affirmation from the host institution:

I, _____, agree to supervise/mentor W&J College student intern
_____ starting _____ and ending _____. I further agree to
monitor the intern's working hours to ensure that the total number of working hours is at least 160
hours. I agree to provide an assessment of the intern's performance, the criteria for which will be
jointly developed between the Director of the Environmental Studies Program at W&J College and the
intern's mentor/supervisor prior to start of the internship.

Printed name: _____

Title: _____

Signature: _____ Date: _____

Performance Indicators for a Washington and Jefferson College EVS Student Intern

Kindly hand-mark your assessment value and write any comments below. Please scan the completed document and send to the Director of Environmental Studies at Washington and Jefferson College via email attachment.

We encourage you to discuss this with the intern, providing any appropriate suggestions for improvement.

Thank you for supporting our program and our students!

Name of intern:

Evaluation period:

Name and title of supervisor:

1. Self-start ability	2	4	6	8	10
2. Ability to work independently	2	4	6	8	10
3. Personally handles criticism well	2	4	6	8	10
4. Proactive in seeking assistance	2	4	6	8	10
5. Communication (response time and clarity)	2	4	6	8	10
6. Demonstrated improvement over time	2	4	6	8	10
7. Punctuality/reliability	2	4	6	8	10
8. Adequate preparation for/participation in meetings	2	4	6	8	10
9. Professional demeanor	2	4	6	8	10
10. Effectively utilizes suggestions/recommendations	2	4	6	8	10

If any of the above are "not applicable", please explain below.

Please attach any assessment particular to your agency/institution.

Signed:

Date: