



Communication & Media Studies (CAMS)

Internship Requirements

1. Discuss potential internships with your Academic Advisor.
2. Verify with the department head of the Communication and Media Studies (CAMS) department if there is an Affiliation Agreement on file for the agency. **If none, proceed to step 3. If yes, proceed to step 4.**
3. Fill out **Form A or B - Affiliation Agreement Individual Student-Arranged Paid (Form A) or Unpaid (Form B) Work Experience (not required for internships done on NMU's campus).\***
  - a. Obtain appropriate form from the department head or the department secretary
  - b. Once completed submit to the CAMS department head along with the AGENCY'S COVID-19 Emergency Plan
4. Fill out **Form #1 – Work Experience Learning Agreement\*** (pages 3-5).
  - a. Work with your supervising faculty member and the agency site supervisor to complete all three pages of this form.
  - b. Once completed, submit the form to the supervising faculty member who will be grading you in the internship.

Date Completed: \_\_\_\_\_

5. Before work can be begin, complete **Form #2 – Individual Student-Arranged Work Experience Course Registration\*** (page 6).
  - a. This form must be completed, signed off and submitted to the Registrar's Office and a course sequence number created **before** work can begin – this is when you are officially considered enrolled in the internship and can start counting hours towards your desired internship credits.

Date Completed: \_\_\_\_\_

6. In conjunction with Form #2, you will also need to complete and return to your supervising faculty member the appropriate **COVID-19 Fall/Winter 2020-2021 Learning Experience Student Agreement and Release Form #3 (for internships)** (pages 7-8) or the **COVID-19 Fall/Winter 2020-2021 Practicum Student Agreement and Release Form #4 (for practicums)**. (pages 9-10).

Date Completed: \_\_\_\_\_

7. Halfway through the internship have your on-site supervisor fill out **Form #5 –Site Supervisor's Mid-Internship/Work Experience Evaluation of Student\*** (page 11).
  - a. Once completed, submit the form to the supervising faculty member who will be grading you on the internship.

Date Completed: \_\_\_\_\_

8. At the end of the internship, have your on-site supervisor fill out **Form #6 –Site Supervisor's Final/Work Experience Evaluation of Student\*** (page 12).
  - a. Once completed, submit the form to the supervising faculty member who will be grading you on the internship

Date Completed: \_\_\_\_\_



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9. Complete the student's self-evaluation: **Form #7 – Final Internship/Work Experience Student Evaluation\*** (pages 13-14)  
a. Submit it to the supervising faculty member **within one week** of the conclusion of your internship.

Date Completed: \_\_\_\_\_

10. **Within one week** of the conclusion of your internship, write a brief student reflection paper outlining what was accomplished during the internship and the extent that each of the learning objectives were met.

Date Completed: \_\_\_\_\_

Northern Michigan University is committed to providing a learning, living and working environment free from discrimination. NMU supports the Title IX\* federal law that prohibits discrimination on the basis of sex, including: gender-based discrimination, pregnancy and parenting discrimination, sexual harassment, sexual assault, stalking, dating violence, domestic violence, voyeurism, and any other conduct of a sexual nature that is nonconsensual.

Title IX covers any area where an NMU student is assigned for placement (e.g. student teaching) and/or participates in an internship arranged or initiated by the University, during their term at NMU.

The University cares about you. If you believe you are experiencing or experienced sex discrimination, in a university or non-university sponsored placement and/or internship, please report. The University has resources and support information available for you.

To report, please contact:

Complaints against employees, applicants, and third parties

Janet Koski  
Director of Equal Opportunity  
Equal Opportunity Officer and Title IX Coordinator  
105 Cohodas Building  
906-227-2420  
[jakoski@nmu.edu](mailto:jakoski@nmu.edu)

Complaints against students

Mary Brundage  
Associate Dean of Students  
Deputy Title IX Coordinator  
2001 Hedgcock  
906-227-1705  
[mbrundag@nmu.edu](mailto:mbrundag@nmu.edu)

Emergency

Public Safety and Police Services  
158 Services Building  
906-227-2151

\* Title IX of the Education Amendments **Act** of 1972 is a federal law that states: "No person in the United States shall, on the basis of sex, be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any education program or activity receiving Federal financial assistance."



**WORK EXPERIENCE LEARNING AGREEMENT (Form #1)**

**STUDENT INFORMATION**

First Name	<input type="text"/>	Last Name	<input type="text"/>
Major(s)	<input type="text"/>	FR SO JR SR Grad	
Phone	<input type="text"/>	NMU Email	<input type="text"/>
Address	<input type="text"/>		
City	<input type="text"/>	State	<input type="text"/>
Emergency Contact Name	<input type="text"/>		
Relationship	<input type="text"/>	Phone	<input type="text"/>

**AGENCY/ EMPLOYER INFORMATION**

Organization Name	<input type="text"/>		
Organization Contact Name	<input type="text"/>		
Site Supervisor Name	<input type="text"/>	Supervisor Phone	<input type="text"/>
Supervisor Title	<input type="text"/>	Supervisor E-mail	<input type="text"/>
Mailing Address	<input type="text"/>		
City:	<input type="text"/>	State:	<input type="text"/>
Zip:	<input type="text"/>		
Work Site Location (if different from mailing address):	<input type="text"/>		

**INTERNSHIP/WORK EXPERIENCE LEARNING INFORMATION**

Job Title:	<input type="text"/>		
Semester: <input type="checkbox"/> Fall <input type="checkbox"/> Winter <input type="checkbox"/> Summer	Year:	<input type="text"/>	
Start Date (mm/dd/yyyy):	<input type="text"/>	End Date (mm/dd/yyyy):	<input type="text"/>
Hours per week:	<input type="text"/>	# credits:	<input type="text"/>
(If applicable) Pay rate/hour: \$	<input type="text"/>	or Stipend: \$	<input type="text"/>
Experience relates to the Upper Peninsula or region (within approx.200 miles): <input type="checkbox"/> Yes <input type="checkbox"/> No (for community engagement purposes)			



INTERNSHIP/WORK EXPERIENCE LEARNING OUTCOMES

**Learning Objectives:** What are the educational outcomes (e.g. academic knowledge and career skills) to be obtained during this experience?

1. To adapt and apply knowledge and skills gained in the collegiate major in a workplace environment.
2. To gain experience managing multiple tasks and interpersonal relationships related to careers in a desired field of employment.
3. To obtain new perspectives and abilities in the process of managing tasks coordinated by the on-site supervisor for the internship.

**Job Description:** *Instructing faculty and/or student complete; please be clear and precise.* What are the planned responsibilities (e.g. tasks and activities) expected of the student and learning opportunities provided to the student that will help achieve the learning outcomes? This is unique per student experience. An agency/employer position description may be attached to supplement the answer below.

**Assessment Criteria:** What are the required documents that provide a means of assessing a student's academic performance? *All documents must be submitted before a grade is assigned for the internship experience.*

1. A brief site-supervisor's progress report submitted half-way through the internship establishing that at least satisfactory progress is being made by the student in fulfilling responsibilities and meeting learning objectives.
2. A completed employer's evaluation form indicating that the student has at least satisfied the responsibilities of the internship.
3. A completed student's self-evaluation form.
4. A brief student reflection paper outlining what was accomplished during the internship and the extent which each of the learning objectives noted above were met.



**EXPECTED ROLES and RESPONSIBILITIES**

University and Agency roles and responsibilities are documented in the signed, ongoing Affiliation Agreement on file with the NMU Academic Affairs Office and/or the NMU Risk Manager.

**Student Responsibilities**

1. Work in an ethical, courteous, cooperative and otherwise professional manner;
2. Abide by all employer policies, rules, and regulations;
3. Perform all work assigned by the employer and/or director supervisor in a quality and timely manner;
4. Dress appropriately for all assignments and maintain a well-groomed appearance;
5. Complete assignments and maintain contact with the University work experience director/instructing faculty;
6. Pay the University for the credits taken;
7. Accept the decision(s) of the employer and/or the University, if it becomes necessary, due to unforeseen circumstances, to terminate the work experience prior to the expected end date.
8. Provided a signed Informed Consent form, if requested.

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

Student Signature \_\_\_\_\_  
Date

\_\_\_\_\_

Instructing Faculty Member Name \_\_\_\_\_  
Date

\_\_\_\_\_

Instructing Faculty Member Signature \_\_\_\_\_  
Date

\_\_\_\_\_

Site Supervisor Name\* \_\_\_\_\_  
Date

\_\_\_\_\_

Site Supervisor Signature\* \_\_\_\_\_  
Date

\*Preferred signature is the immediate site supervisor of the student, however, the agency/ employer may designate another signee responsible for student duties.

**Procedure**

1. Complete Learning Agreement (Appendix D) or equivalent within the discipline.
2. Obtain required signatures.
3. Distribute copies to all signees.
4. Retain a copy, along with the Work Experience Course Registration form in Director files.



Individual Student-Arranged Work Experience Course Registration (Form #2)

Date: \_\_\_\_\_ Agency Name: \_\_\_\_\_

Student: \_\_\_\_\_ (last) \_\_\_\_\_ (first) \_\_\_\_\_ (M.I.)

NMU IN: \_\_\_\_\_ E-mail address: \_\_\_\_\_

To be completed by the instructing faculty member:

Work experience Course ID\*: \_\_\_\_\_ Department: Communication & Performance Studies

Semester: \_\_\_ Fall \_\_\_ Winter \_\_\_ Summer Year: \_\_\_\_\_

Credit hours\*: \_\_\_ Minimum hours required to earn credits listed: \_\_\_\_\_

Student will be: \_\_\_ Paid \_\_\_ Not Paid

Instructing Faculty Information: \_\_\_ on load \_\_\_ for pay

\_\_\_\_\_  
Student Advisor Signature Date

\_\_\_\_\_  
Student Signature Date

\_\_\_\_\_  
Department Head Signature Date

\_\_\_\_\_  
Print name of Instructing Faculty

\_\_\_\_\_  
Dean Signature (if required) Date

\_\_\_\_\_  
NMU IN of Instructing Faculty

I have read the *Academic Work Experiences Guidelines*, available in share.nmu.edu and Academic Affairs websites, and confirm that an Affiliation Agreement with this organization and Learning Agreement for this student's work experience are on file with Academic Affairs.

\_\_\_\_\_  
Instructing Faculty Signature Date

**Note: The completed form with necessary signatures must be submitted to the Registrar's Office, 2202 Hedgcock, PRIOR to the start of the work experiences. Work experiences will NOT be added to the student's record after the work has been completed.**

Course CRN: \_\_\_\_\_

**Procedure**

1. Complete this form to create a section and enroll a student for an individually arranged work experience (internship, field experience, etc.)
2. Obtain required signatures.
3. Submit to Registrar's Office before work begins (or at least before end of the semester)
4. Retain copy, along with the Learning Agreement (Types 2 and 3) or job description
5. (Type 4), in Director files.



**FOR INTERNSHIPS ONLY (Form #3)**

**COVID-19 Fall/Winter 2020-2021**

**Learning Experience Student Agreement and Release ("RELEASE")**

Student's Full Legal Name: \_\_\_\_\_

Due to the ongoing COVID-19 pandemic emergency Northern Michigan University ("NMU") has implemented many health and safety precautions and restrictions, as recommended by public health and governmental authorities. Still, I desire, at my own risk and by own free decision, to voluntarily participate in an off-campus learning experience as part of my course of studies (the "Learning Experience"). In consideration for being permitted to earn college credit for the Learning Experience, which will provide me with valuable experience, benefit my educational goals, and allow me to maintain my status as an enrolled NMU student, I hereby understand and agree to the following:

1. **COVID-19 Protocols**

- a. I acknowledge that I have received and reviewed health and safety information regarding COVID-19, at <https://nmu.edu/safe-on-campus/students>. I agree to follow all health and safety precautions as communicated to me and as otherwise instructed. I will also keep up-to-date with and follow all CDC-recommended protocols for preventing the spread of COVID-19 and will actively monitor my health for symptoms of COVID-19.
- b. **I understand that my NMU Learning Experience point of contact is \_\_\_\_\_ who can be contacted at \_\_\_\_\_@nmu.edu. I will notify my point of contact immediately (same day) if I am sick, have a fever or cough or experience other signs of illness or if I test positive for COVID-19 and will cease participation in the Learning Experience immediately.**
- c. If I believe that the Learning Experience site is not following health and safety precautions, including appropriate personal protective equipment (PPE) usage, social distancing or requiring others to self-monitor their health, then I will promptly inform my NMU point of contact. I understand that I will be invited to discuss my options, including possibly stopping my Learning Experience or seeking an alternative arrangement. I understand that NMU values my health and safety and that I will not be penalized by NMU for making a good faith report about my Learning Experience site.

2. **Assumption of Risk.** I understand, acknowledge, and agree that certain dangers may be posed by participating in the Learning Experience, including, but not limited to, the risk of serious injury or death or exposure to diseases, such as COVID-19, and the consequences thereof, including having to self-quarantine or self-isolate if I test positive for or otherwise show symptoms of COVID-19 and having to possibly miss instructional time or other educational opportunities as a result. I understand and appreciate the risks and voluntarily agree to expose myself to such risks, even if they are not presently known or foreseeable, by participating in the Learning Experience. As such, I assume full responsibility for the risk of bodily injury, death, disease, or any other damage of any nature I sustain while participating in the Learning Experience, or any activity associated therewith. **I acknowledge and understand that NMU does NOT provide any insurance coverage for my participation in the Learning Experience or as part of my enrollment at NMU.**



Communication & Media Studies (CAMS)

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3. **Release.** I further agree on behalf of myself, my heirs, assigns, personal representatives, and next of kin to defend, indemnify, hold harmless, and release NMU and its Board of Trustees, officers, employees, agents, representatives, volunteers, and other NMU students ("NMU Releasees") against any and all harm, injury, damage, liability, claims, demands, actions, or causes of action of any sort, costs, and expenses of any nature arising from the acts or omissions of the NMU Releasees arising out of or in any way connected or related to the Learning Experience, including the acts or omissions of other NMU students.
4. **Miscellaneous.**
- a. I understand and agree: (a) that any dispute arising from this Release or the Learning Experience, between NMU and me, will be governed under Michigan law and must be brought in a court in Marquette County or, alternately, the Michigan court of claims; (b) that even if a court of law finds any provision of this Release unenforceable, the remaining provisions will remain in full force and effect and that this Release will still be construed to make it legally enforceable and within the boundaries of public policy; (c) that this Release represents the complete understanding with NMU concerning the matters set forth in this Release and that this Release supersedes any previous or other understandings I may have had with NMU on the matters covered by this Release, whether written or oral, including any program and student handbook; that NMU's maximum liability for any damages arising from this Release or the Learning Experience shall be limited to a refund of my tuition paid for the Fall 2020 semester; and (e) that this Release may not be amended except in a writing signed by NMU's authorized representative and myself.
  - b. I have fully informed myself of the contents of this Release and have sought legal counsel, if I so desire, to have my questions answered prior to signing. I understand that I am not required to participate in this Learning Experience, but I want to do so, despite the possible dangers and risks and despite this Release. Further, I (a) am at least eighteen (18) years of age and am my own legal guardian, and if not, my parent's or legal guardian's signature is below; (b) am fully competent to sign this Release; (c) have no health-related reasons or problems which preclude or restrict my participation in the Learning Experience; and (d) have adequate health insurance to provide for payment for any medical costs arising from illness or injury to myself.

I ACKNOWLEDGE THAT (A) I HAVE READ (OR HAVE HAD READ TO ME) AND UNDERSTAND EACH AND EVERY PROVISION IN THIS RELEASE; (B) I VOLUNTARILY AGREE WITH, ACCEPT, AND ACKNOWLEDGE EACH PROVISION; AND (C) I AM BOUND BY THIS RELEASE.

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Signature of Student or Student's Legal Guardian, if Student is less than 18 years of age

Date

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**FOR PRACTICUMS ONLY (Form #4)**

**COVID-19 Fall/Winter 2020-2021**

**Practicum Student Agreement and Release ("RELEASE")**

Student's Full Legal Name: \_\_\_\_\_

Due to the ongoing COVID-19 pandemic emergency Northern Michigan University ("NMU") has implemented many health and safety precautions and restrictions, as recommended by public health and governmental authorities. Still, I desire, at my own risk and by own free decision, to voluntarily participate in an off-campus practicum as part of my course of studies (the "Practicum"). In consideration for being permitted to participate in the Practicum, which will provide me with valuable experience and benefit my educational goals, I hereby understand and agree to the following:

**5. COVID-19 Protocols**

- a. I acknowledge that I have received and reviewed health and safety information regarding COVID-19. For reference, such information is available at: <https://nmu.edu/safe-on-campus/students>. I agree to follow all health and safety precautions as communicated to me and as otherwise instructed. I will also keep up-to-date with and follow all CDC-recommended protocols for preventing the spread of COVID-19 and will actively monitor my health for symptoms of COVID-19.
- b. **I understand that my NMU practicum point of contact is: \_\_\_\_\_ who can be notified at \_\_\_\_\_@nmu.edu. I will notify my point of contact immediately (same day) if I am sick, have a fever or cough or experience other signs of illness or if I test positive for COVID-19 and will cease participation in the Practicum immediately.** I understand that I will not be penalized by NMU for absences at my Practicum if I am ill or am otherwise unable to attend due to COVID-19, provided that I inform my NMU point of contact as soon as I am able.
- c. If I believe that the Practicum site is not following health and safety precautions, including appropriate personal protective equipment (PPE) usage, social distancing or requiring others to self-monitor their health, then I will promptly inform my NMU point of contact. I understand that I will be invited to discuss my options, including possibly stopping my Practicum or seeking an alternative arrangement. I understand that NMU values my health and safety and that I will not be penalized by NMU for making a good faith report about my Practicum site. I understand that NMU will utilize its best efforts to work with me so I can complete my course of studies, despite the COVID-19 pandemic.

6. **Assumption of Risk.** I understand, acknowledge, and agree that certain dangers may be posed by participating in the Practicum, including, but not limited to, the risk of serious injury or death or exposure to diseases, such as COVID-19, and the consequences thereof, including having to self-quarantine or self-isolate if I test positive for or otherwise show symptoms of COVID-19 and having to possibly miss instructional time or other educational opportunities as a result. I understand and appreciate the risks and voluntarily agree to expose myself to such risks, even if they are not presently known or foreseeable, by participating in the Practicum. As such, I assume full responsibility for the risk of bodily injury, death, disease, or any other damage of any nature I sustain while participating in the Practicum, or any activity associated therewith. **I acknowledge and understand that NMU does NOT provide any insurance coverage**



**for my participation in the Practicum or as part of my enrollment at NMU.**

7. **Release.** I further agree on behalf of myself, my heirs, assigns, personal representatives, and next of kin to defend, indemnify, hold harmless, and release NMU and its Board of Trustees, officers, employees, agents, representatives, volunteers, and other NMU students ("NMU Releasees") against any and all harm, injury, damage, liability, claims, demands, actions, or causes of action of any sort, costs, and expenses of any nature arising from the acts or omissions of the NMU Releasees arising out of or in any way connected or related to the Practicum, including the acts or omissions of other NMU students.
8. **Miscellaneous.**
  - a. I understand and agree: (a) that any dispute arising from this Release or the Practicum, between NMU and me, will be governed under Michigan law and must be brought in a court in Marquette County or, alternately, the Michigan court of claims; (b) that even if a court of law finds any provision of this Release unenforceable, the remaining provisions will remain in full force and effect and that this Release will still be construed to make it legally enforceable and within the boundaries of public policy; (c) that this Release represents the complete understanding with NMU concerning the matters set forth in this Release and that this Release supersedes any previous or other understandings I may have had with NMU on the matters covered by this Release, whether written or oral, including any program and student handbook; that NMU's maximum liability for any damages arising from this Release or the Practicum shall be limited to a refund of my tuition paid for the Fall 2020 semester; and (e) that this Release may not be amended except in a writing signed by NMU's authorized representative and myself.
  - b. I have fully informed myself of the contents of this Release and have sought legal counsel, if I so desire, to have my questions answered prior to signing. I understand that I am not required to participate in the Practicum, but I want to do so, despite the possible dangers and risks and despite this Release. Further, I (a) am at least eighteen (18) years of age and am my own legal guardian, and if not, my parent's or legal guardian's signature is below; (b) am fully competent to sign this Release; (c) have no health-related reasons or problems which preclude or restrict my participation in the Practicum; and (d) have adequate health insurance to provide for payment for any medical costs arising from illness or injury to myself.

I ACKNOWLEDGE THAT (A) I HAVE READ (OR HAVE HAD READ TO ME) AND UNDERSTAND EACH AND EVERY PROVISION IN THIS RELEASE; (B) I VOLUNTARILY AGREE WITH, ACCEPT, AND ACKNOWLEDGE EACH PROVISION; AND (C) I AM BOUND BY THIS RELEASE.

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**Signature of Student or Student's Legal Guardian, if Student is less than 18 years of age**

**Date**



Communication & Media Studies (CAMS)

Site Supervisor's Mid-Internship/Work Experience Evaluation of Student (Form #5)

Student's Name: \_\_\_\_\_

Work Experience Dates: From \_\_\_\_\_ To \_\_\_\_\_

Organization Name: \_\_\_\_\_

Work Experience Location: \_\_\_\_\_

On-site Supervisor Name: \_\_\_\_\_

On-site Supervisor Phone: \_\_\_\_\_ Email: \_\_\_\_\_

This form should be completed by the person in the best position to evaluate the student's performance.

Table with 6 columns: Quality of Work, Written Communication, Oral Communication, Problem Solving / Critical Thinking, Information and Technical Literacy, Ability to Learn, Team Work, Leadership, Initiative, Judgment, Work Habits, Personal Attitudes, Ability to Work in Field, Overall Performance of Student. Each row contains a description and five radio button options: Exceeds Expectations, Meets Expectations, Needs Improvement, Unacceptable, Not applicable.

General Comments and Recommendations (attach additional sheet, if needed):



Communication & Media Studies (CAMS)

Site Supervisor's Final Internship/Work Experience Evaluation of Student (Form #6)

Student's Name: \_\_\_\_\_

Work Experience Dates: From \_\_\_\_\_ To \_\_\_\_\_

Organization Name: \_\_\_\_\_

Work Experience Location: \_\_\_\_\_

On-site Supervisor Name: \_\_\_\_\_

On-site Supervisor Phone: \_\_\_\_\_ Email: \_\_\_\_\_

This form should be completed by the person in the best position to evaluate the student's performance.

Table with 6 columns: Category, Exceeds Expectations, Meets Expectations, Needs Improvement, Unacceptable, Not applicable. Rows include Quality of Work, Written Communication, Oral Communication, Problem Solving / Critical Thinking, Information and Technical Literacy, Ability to Learn, Team Work, Leadership, Initiative, Judgment, Work Habits, Personal Attitudes, Ability to Work in Field, and Overall Performance of Student.

General Comments and Recommendations (attach additional sheet, if needed):



Communication & Media Studies (CAMS)

Final Internship/Work Experience Student Evaluation (Form #7)

Name: \_\_\_\_\_ Major: \_\_\_\_\_

Work Experience Dates - From \_\_\_\_\_ To \_\_\_\_\_ Credits: \_\_\_\_\_ Hours per week: \_\_\_\_\_

Organization Name: \_\_\_\_\_

Work Experience Location: \_\_\_\_\_ On-site Supervisor Name: \_\_\_\_\_

What resources did you use to find your internship? (Check all that apply)

- College or Department website, Faculty, Career Services Staff and/or website, Previous Employer, Family/Friend, General Internet Sites, Other:

Table with 7 columns: Strongly Agree, Agree, Neutral, Disagree, Strongly Disagree, Not applicable. Rows include sections for Academic and Work Site with various evaluation items and Likert scales.



**Please provide suggestions you may have for future interns who select this site (attach additional sheet, if needed):**

**General Comments and Recommendations regarding internships (attach additional sheet, if needed):**

**Were you offered a full-time, part-time or permanent position with the organization providing the internship?**

Yes

No

**What was your reason for completing an internship? (Check all that apply)**

Practical experience

Skills enhancement

Professional contact/networking

For college credit/fulfillment

Assistance in selection of career direction

Increased self-awareness/confidence

Potential future employment with internship site

Other \_\_\_\_\_

Within one week of the conclusion of your internship, please return this student evaluation, along with your brief student reflection paper to either your CAMS advising faculty member or the CAMS Executive Secretary.