



## Internship/Cooperative Education Course Registration Approval Form

### Student Information

Student Name: \_\_\_\_\_ Student ID: \_\_\_\_\_  
Email Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
Major: \_\_\_\_\_ Minor: \_\_\_\_\_ Overall GPA: \_\_\_\_\_  
FR SO JR SR Master's Expected Graduation Date: \_\_\_\_\_  
How did you find your Internship / Co-op position? \_\_\_\_\_

### Internship Information

Company/Agency: \_\_\_\_\_  
Address: \_\_\_\_\_  
City/State/Zip Code: \_\_\_\_\_  
Supervisor: \_\_\_\_\_ Phone: \_\_\_\_\_  
Email: \_\_\_\_\_  
Description of Job Responsibilities: \_\_\_\_\_

### Faculty Approval

I recommend \_\_\_\_\_ to participate in the Internship/Cooperative  
Education program for \_\_\_\_\_ hours in the Fall Spring Summer semester of 20\_\_\_\_.

\_\_\_\_\_  
**Faculty Signature**

\_\_\_\_\_  
**Date**

I have received the syllabus for the internship and understand the requirements for the course.

\_\_\_\_\_  
**Student Signature**

\_\_\_\_\_  
**Date**

### For Departmental Use Only

Assigned Course Number: \_\_\_\_\_ Course Code: \_\_\_\_\_



## Internship/Cooperative Education Guidelines & Agreement

### Statement of Understanding

1. I understand that Internship / Cooperative Education is an academic program of Texas Woman's University, for which academic credit is awarded. I acknowledge that I must register and pay tuition for the appropriate Internship / Cooperative Education course when I have accepted a position through the efforts of the Internship / Cooperative Education Coordinator.
2. I understand that I will not at any time terminate, or arrange with my Internship / Cooperative Education employer to be released from my job, or arrange additional Internship / Cooperative Education work terms without prior written approval from the Pioneer Center for Student Excellence at TWU.
3. I understand that I will ascertain conditions of the work experience prior to accepting a position. I understand and accept the risks and benefits of the internship accepted and hold the University, its Regents, officers, and employees harmless with regard to all matters, including injuries to me, relating to the internship.
4. I understand that I will, to the best of my ability, be responsible for carrying out the performance of assigned duties and academic requirements of each of the Internship / Cooperative Education work terms. I understand that academic credit is given when the term is completed to the satisfaction of the Internship / Cooperative Education program.
5. I understand that I will be on the job regularly and punctually report absences due to illness or other emergencies to the employer as early as possible on the day the absence occurs and, if the illness extends beyond three days, I will notify the Internship / Cooperative Education Coordinator.
6. I understand that once I accept a job assignment, I am required to register and pay full tuition and fees for the Internship / Cooperative Education course.

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**Student's Signature**

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**Date**

### Photo & Website Release

I give the Pioneer Center for Student Excellence permission to post/use my photograph and statement, regarding my Internship/Cooperative Education experience, on the TWU website, social media sites, print material, or campus ads.

Yes

No



## Internship/Cooperative Education Student Objectives

Student Name: \_\_\_\_\_ Student ID: \_\_\_\_\_

### Statement of Purpose

Brief summary of why you are doing this particular internship/co-op position.

### Student Learning Objectives

These should be specific, measurable statements regarding what you want to learn from this internship/co-op experience.

**Objective 1**

**Objective 2**

**Objective 3**

### Skills & Competencies

List the skills and competencies you hope to gain within each objective.

- |          |          |
|----------|----------|
| 1. _____ | 3. _____ |
| 2. _____ | 4. _____ |

Retain a copy of these objectives. You will need them for your Student Final Report.

\_\_\_\_\_  
**Supervisor's Signature**

\_\_\_\_\_  
**Date**



## Record of Student Internship Hours

Student Name: \_\_\_\_\_ Email Address: \_\_\_\_\_

Internship Start Date: \_\_\_\_\_ Internship End Date: \_\_\_\_\_

Unless otherwise agree upon, all hours must be completed within the semester.

Questions? Please contact: Juan Armijo ([jarmijo@twu.edu](mailto:jarmijo@twu.edu))

Week #	Dates Worked	Total Hours Worked
1		
2		
3		
4		
5		
6		
7		
8		
9		
10		
11		
12		
13		
14		
15		
16		
17		
18		
19		
20		

\_\_\_\_\_  
**Supervisor's Signature**

\_\_\_\_\_  
**Date**



## Internship / Cooperative Education Final Report

### Instructions

Please submit a typed report in a Word document. Answers must be in complete sentence form, reflective, giving specific examples of situations and tying in your internship experience and classroom learning.

Example of a **complete** answer:

**Did your Internship site offer you the opportunities you expected in helping you to accomplish your job objectives? Please explain.**

“While I do feel as though I accomplished my objectives, it was in many unexpected ways that I learned what it takes to be a successful Court Appointed Advocate for battered women. For example, my #2 objective was “by mid-semester, be able to independently assist women before court in preparation of seeing their abuser and coaching them through the court process”. I met this goal but did not realize how much listening would be involved as the women processed their feelings and anxieties about seeing their abuser in court. I found many of the skills and theories learned in Introduction to Behavior Therapy and Psychology of Women very helpful. I used reflective listening and reframing to assist the clients. I accomplished all objectives using similar tools and guidance of my supervisor.”

### Final Report Questions

1. Describe your internship responsibilities.
2. What marketable and transferrable skills did you think you learned from this experience, and how do you think you can use these skills in your academic program, as well as when you begin working in your chosen field.
3. Describe some of the real-world issues you encountered and describe how these issues are related to the courses and your learning experience at TWU.
4. Describe how you worked with others with different viewpoints. How did you contribute to a collaborative team environment?
5. How was your experience in a professional, service-oriented, and/or civic environment personally meaningful? How do you think this experience will affect your future?
6. How do you think your knowledge, attitudes, and beliefs have changed as a result of your experience?
7. Thinking about your learning objectives and your chosen internship experience, discuss how the experience has prepared you for when you begin working in your chosen field.
8. Did your internship site offer you the opportunities you expected in helping you to accomplish your job objectives?
9. What was the most significant learning experience you gained from your internship work term?
10. Would you recommend this organization to other students from your field? Why or why not?
11. After completing the internship process, is there anything the Internship office can do to make this experience more beneficial for future students in this program?
12. If you selected yes for permission to use your photograph and statement, please list a quote that highlights why you feel this is a beneficial program.