

Request for Graduate Course Addition

1. Prepare one paper copy with all signatures and supporting material and forward to the Graduate Council Chair.
2. E-mail one identical PDF copy to the Graduate Council Chair. If attachments included, please merge into a single file.
3. **The Graduate Council cannot process this application until it has received both the PDF copy and the signed hard copy.**

College: Business

Dept/Division: MGT

Alpha Designator/Number: 671

☒ Graded ☐ CR/NC

Contact Person: Dr. Margie McInerney

Phone: 304-696-2675

NEW COURSE DATA:

New Course Title: Business Administration Internship

Alpha Designator/Number:

M	G	T		6	7	1			
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Title Abbreviation:

B	u	s	i	n	e	s	s		A	d	m	i	n		I	n	t	e	r	n	s		h	i	p
---	---	---	---	---	---	---	---	--	---	---	---	---	---	--	---	---	---	---	---	---	---	--	---	---	---

(Limit of 25 characters and spaces)

Course Catalog Description:
(Limit of 30 words)

Project-oriented experience in business operations and organizations intended for those students with insufficient experience in the field. (PR: Full Admission and permission of program director)

Co-requisite(s):

First Term to be Offered: Fall 2015

Prerequisite(s): Full Admission and Permissic

Credit Hours: 3

Course(s) being deleted in place of this addition (must submit course deletion form):

Signatures: if disapproved at any level, do not sign. Return to previous signer with recommendation attached.

Dept. Chair/Division Head _____

Date _____

Registrar _____

Date _____

College Curriculum Chair _____

Date _____

Graduate Council Chair _____

Date _____

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Provide complete information regarding the new course addition for each topic listed below. Before routing this form, a complete syllabus also must be attached addressing the items listed on the first page of this form.

1. FACULTY: Identify by name the faculty in your department/division who may teach this course.

Division Chair of MGT/MKT/MIS (Currently Dr. Rex McClure)

2. DUPLICATION: If a question of possible duplication occurs, attach a copy of the correspondence sent to the appropriate department(s) describing the proposal. Enter "**Not Applicable**" if not applicable.

Not applicable

3. REQUIRED COURSE: If this course will be required by another department(s), identify it/them by name. Enter "**Not Applicable**" if not applicable.

Not applicable

4. AGREEMENTS: If there are any agreements required to provide clinical experiences, attach the details and the signed agreement. Enter "**Not Applicable**" if not applicable.

Not applicable

5. ADDITIONAL RESOURCE REQUIREMENTS: If your department requires additional faculty, equipment, or specialized materials to teach this course, attach an estimate of the time and money required to secure these items. (Note: Approval of this form does not imply approval for additional resources.) Enter "**Not Applicable**" if not applicable.

Not applicable

6. COURSE OBJECTIVES: (May be submitted as a separate document)

Practicum Objectives and Requirements in separate document.

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7. COURSE OUTLINE (May be submitted as a separate document)

Separate document.

8. SAMPLE TEXT(S) WITH AUTHOR(S) AND PUBLICATION DATES (May be submitted as a separate document)

N/A

9. EXAMPLE OF INSTRUCTIONAL METHODS (Lecture, lab, internship)

Internship

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10. EXAMPLE EVALUATION METHODS (CHAPTER, MIDTERM, FINAL, PROJECTS, ETC.)

Projects and Final presentation

11. ADDITIONAL GRADUATE REQUIREMENTS IF LISTED AS AN UNDERGRADUATE/GRADUATE COURSE

N/A

12. PROVIDE COMPLETE BIBLIOGRAPHY (May be submitted as a separate document)

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Please insert in the text box below your course summary information for the Graduate Council agenda. Please enter the information exactly in this way (including headings):

Department:

Course Number and Title:

Catalog Description:

Prerequisites:

First Term Offered:

Credit Hours:

MGT/MKT/MIS

MGT 671

Project-oriented experience in business operations and organizations intended for those students with insufficient experience in the field.

PR: Full Admission and permission of program director

Fall 2015

3



MBA Internship Approval Packet

Student Eligibility

- You must be current MBA student and in good academic standing (minimum 3.2 GPA).
- You must have already completed nine hours of graduate credit in program before starting the internship.
- You must get approval from COB Associate Dean of Graduate Programs and Assistant Director of Graduate Programs.

Student Requirements

- Students must work at least 200 hours to receive 3 hours of Graduate Internship credit for MGT 671. Additional hours may be required by the employer.
- Before starting the internship and getting registered for MGT 671 you will need to get the appropriate signatures on the approval form (page 2) as well as have the employer complete a job description (page 3).
- While working you will need to complete a daily work log outlining your duties.
- You will need to complete a mid-term report that will be submitted to the COB Associate Dean of Graduate Programs. There will also be a final report and presentation.
- You and the employer will complete an evaluation at the conclusion of the internship.

Salary and Other Job Benefits

- Salary and other job benefits are established through agreement between the student and employer.
- The student is not guaranteed a job on completion of the program and, if performance or other conditions merit it, the employer may at any time terminate the employment of the student. The student is expected to perform and follow policies and practices common to other employees of the employer.

Note: You are not eligible for internship with current job/employer.



**Marshall University College of Business and
Agency Agreement of Supervised
MBA Internship**

Agency Name:

Agency Address:

Agrees to Accept: _____ as an intern during the
_____ semester for a total of _____ (at least 200) contact hours beginning on
_____ and ending on _____.

The student will be under the direct agency supervision of _____
who agrees to items on the attached Site Supervisor Form.

Student Signature

Date _____

Agency Site Supervisor

Date _____

COB Associate Dean of Graduate Programs

Date _____

This document must be completed in full and signed by all parties before the residency may begin. The employer must also submit a letter to outline responsibilities and expectations.
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Copies to: Agency Supervisor
COB Associate Dean Graduate Programs
Academic Advisor



DESCRIPTION OF MBA Internship

Date _____

Semester _____

Name _____

Goals and objectives of MBA Internship as well as a brief description of proposed Internship and project:

Site Supervisor

Name _____

Agency/Organization _____

Address _____

Phone _____ FAX _____

E-Mail _____

Student Signature/Date

COB Associate Dean Graduate Programs/Date



MBA Internship WORK LOG

This needs only one signature no matter how many total pages

STUDENT NAME _____

(Duplicate as needed)

DATE	CONTACT HOURS	DUTIES PERFORMED
	Total Hours	

Student Signature

Site Supervisor Signature

Marshall University

Lewis College of Business

Internship/Co-Op Program

Employer Appraisal

_____ Company: _____
 Student's Name Address: _____

 Date: _____ Supervisor's Name: _____

Indicate in the respective space a rating of the intern on each factor. This appraisal will be used by the Division Head to determine the intern's grade and whether the student will be given credit for the intern experience.

DEFINITIONS OF PERFORMANCE LEVELS

- 5 EXCELLENT.** The intern's performance is well above the normal requirements of the job. The students in this rating are consistently very high performers and continually contribute more than their share to the organization.
- 4 GOOD.** The intern's performance is beyond the ordinary requirement for satisfactory performance on the job. This rating indicates accomplishment of all assigned tasks.
- 3 SATISFACTORY.** The intern adequately and competently performs the requirements of the job.
- 2 POOR.** The intern does not meet the expectations. This rating applies to those performing in a substandard manner, and improvement is needed.
- 1 UNSATISFACTORY.** The intern's performance is totally unacceptable. Release is justified unless improvement is made within a specified period of time.
- NA NOT APPLICABLE.** This rating applies to those factors that are not relevant to the intern's responsibilities.

WORKPLACE SKILL		PERFORMANCE LEVEL (5-1)	COMMENTS
1.	Exhibits traits such as honesty, loyalty, and trustworthiness.	_____	_____
		_____	_____
		_____	_____
2.	Reports to work without tardiness or absenteeism.	_____	_____
		_____	_____
		_____	_____

WORKPLACE SKILL	PERFORMANCE LEVEL (5-1)	COMMENTS
3. Exhibits courteousness and the ability to work well with others.	<hr/>	<hr/> <hr/>
4. Uses effective oral/written communication skills.	<hr/>	<hr/> <hr/>
5. Demonstrates the ability to work with company policies and regulations.	<hr/>	<hr/> <hr/>
6. Sets priorities and utilizes good time management skills.	<hr/>	<hr/> <hr/>
7. Adapts well to changes.	<hr/>	<hr/> <hr/>
8. Demonstrates initiative/self-starter attitude.	<hr/>	<hr/> <hr/>
9. Follows directions, admits errors and accepts constructive criticism.	<hr/>	<hr/> <hr/>
10. Meets expected volume of work.	<hr/>	<hr/> <hr/>
11. Meets quality expectations.	<hr/>	<hr/> <hr/>
12. Exhibits diligence and perseverance.	<hr/>	<hr/> <hr/>

WORKPLACE SKILL	PERFORMANCE LEVEL (5-1)	COMMENTS
13. Requires minimum supervision.		

What is the intern's strongest qualification? _____

What is the intern's most noticeable area of needed improvement? _____

What suggestions do you have for this intern which may help him/her achieve his/her career goal? _____

Additional comments: _____

Number of internship hours completed as of this date: _____

Rated by: _____

Signature

Date: _____

Print Name

Title

Department

This report has been discussed with the intern: YES NO

Internship Program Evaluation

Student Evaluation of Employer

This form must be submitted in order to receive credit for the internship.

Name _____ Student I.D. _____
Semester _____ Department of Internship (ex: ACC 490) _____
Employer's Name _____ Phone _____
Company Name _____ E-mail _____
Company Address _____

1. This internship provided me with knowledge of the field.

☐ Strongly Disagree ☐ Somewhat Disagree ☐ Neutral ☐ Somewhat Agree ☐ Strongly Agree

2. My mentor spent adequate time with me.

☐ Strongly Disagree ☐ Somewhat Disagree ☐ Neutral ☐ Somewhat Agree ☐ Strongly Agree

3. I was allowed to participate in meaningful work activities.

☐ Strongly Disagree ☐ Somewhat Disagree ☐ Neutral ☐ Somewhat Agree ☐ Strongly Agree

4. The staff made me feel welcome.

☐ Strongly Disagree ☐ Somewhat Disagree ☐ Neutral ☐ Somewhat Agree ☐ Strongly Agree

5. There are opportunities for further employment with this employer.

☐ Strongly Disagree ☐ Somewhat Disagree ☐ Neutral ☐ Somewhat Agree ☐ Strongly Agree

6. My mentor understands that my schoolwork is my number one priority.

☐ Strongly Disagree ☐ Somewhat Disagree ☐ Neutral ☐ Somewhat Agree ☐ Strongly Agree

(continued on back)

7. My internship did not interfere with my schoolwork.

☐ Strongly Disagree ☐ Somewhat Disagree ☐ Neutral ☐ Somewhat Agree ☐ Strongly Agree

8. This internship exceeded my overall expectations.

☐
Strongly
Disagree

☐
Somewhat
Disagree

☐
Neutral

☐
Somewhat
Agree

☐
Strongly
Agree

Please include any additional comments you wish to make regarding your internship: