



EXPERIENTIAL LEARNING PROGRAM

STUDENT ASSIGNMENT PACKET

CAREER SERVICES
DEPARTMENT OF STUDENT AFFAIRS
AT
NOVA SOUTHEASTERN UNIVERSITY
[Http://www.nova.edu/career](http://www.nova.edu/career)



Student Experiential Learning Program Requirements

- Students need a cumulative GPA of a 2.5 or higher.
- Students must have completed a minimum of 36 academic credit hours.
- Students must agree to work 10-20 hours per week during a 16-week semester.
- Students must apply and be approved to participate in the internship program one semester before they begin to get full credit.
- Students can participate in an internship a maximum of two semesters
- If you do not currently have an Internship/Co-op site, Career Services will assist you in this process
- The Internship/Co-op position must be related to your field of study
- Effective Spring 2002, students cannot hold an Internship/Co-op position within an organization that they are currently employed with.
- Students may not use work-study employment as intern/co-op site.



**CAREER SERVICES
ELP ENROLLMENT REQUEST FORM**

Part 1. Student Portion

Name _____ Major _____
Address _____ SS# _____
_____ Telephone _____ Email _____

During which term and academic year will you be doing the co-op/internship?

Student's Signature _____ Date _____

Part 2. Academic Advisor/Academic Program Manager Portion

I, _____, have determined that the above named student meets all co-op/internships requirements, and I have specified the student's cumulative GPA and credit hours below.

Cumulative GPA _____ Number of earned college-level credit
hours _____

Academic Advisor/Academic Program Manager Signature _____ Date _____

Part 3 Career Services Approval

(Career Services must approval opportunity before credit can be given)

Position _____ Organization _____

Approved _____ Denied _____

The Coop/Internship has been denied because:

Career Services Staff Signature _____ Date _____

Part 4. Academic Director Portion

(Director of student's major department)

Approved _____ Denied _____

Comments: _____

If approved, please list the faculty member supervising the co-op/internship _____

Signature _____ Date _____
(Director of student's major department)

Career Services
Experiential Learning Program (ELP)

Learning Contract Agreement

Name _____ Soc. Sec.# _____

Local Address _____

Telephone _____ E-mail _____

Permanent Address _____

Co-op/Internship Position _____

Co-op/Internship Organization _____

Address _____

Telephone _____ Fax _____ E-mail _____

Supervisor _____ Title/Position _____

Anticipated Schedule: M _____ T _____ W _____ TH _____ F _____ S _____ S _____
(HOURS)

Total Hours Per Week _____ Wages Per Hour/Week _____

Faculty Sponsor _____ Department _____

Telephone _____ Fax _____ E-mail _____

Co-op/Intern Course # _____ #Credits _____

Start Date _____ Completion Date _____

Agreement

The attached Learning Contract forms the basis for satisfactorily completing your co-op/internship experience. This contract can be modified only upon written and approval by all three parties.

Student Signature _____ Date _____

Faculty Sponsor Signature _____ Date _____

Co-op/Intern Signature _____ Date _____

Career Services
Experiential Learning Program (ELP)

Learning Contract

II. Learning Objectives and Learning Activities

Learning Objectives

Learning Activities

Faculty Sponsor Signature/Date Due

1. _____

2. _____

3. _____

Learning Objectives: Describe what you will learn through your co-op/internship experience. Be concrete, specific and realistic. You must list a minimum of one learning objective for each credit hour.

Learning Activities: Describe what you will do on- and off- the job that will enable you to meet your learning objectives. Activities may include projects, reports, readings, observations, field trips etc. All students must include the Summary Report as one of their learning activities. Students enrolled in co-ops or internships in business or accounting also must include a journal as one of their learning activities.

Examples:

Objective: I will be able to describe how public policy is developed and enacted within the state legislature.

Activities: I will work in Senator Graham's office and consult with supervisors and follow legislation from initiation to enactment. I will read two articles on public policy assigned by my faculty sponsor and submit a one-page summary on each article.

Evaluator: Professor Smith/December 1, 2004

**NOVA SOUTHEASTERN UNIVERSITY
CAREER SERVICES**

**ELP
STUDENT MID-SEMESTER WORK-SITE EVALUATION**

STUDENT:	DATE:
CO-OP ORGANIZATION:	
SUPERVISORS NAME:	

YES NO

Does your supervisor provide adequate training?		
Do you receive feedback on your performance?		
Is your work relevant to your academic studies?		
Have you developed any new professional skills?		
Would you recommend this Co-op to other students?		
Are you accomplishing any of your learning objectives?		
Do you feel comfortable within the organization?		

Briefly describe the work you are currently performing.

Additional comments/concerns

Would you like a staff person to contact your employer for a personal assessment of your experience. YES___ NO___

Please fax or mail to:
Nova Southeastern University
Career Services
3301 College Avenue
Library Research Information Technology Center
Ft. Lauderdale, FL 33314 ~ 954- 262-7201

NOVA SOUTHEASTERN UNIVERSITY
CAREER SERVICES

ELP
EMPLOYER MID-SEMESTER WORK-SITE EVALUATION

STUDENT:	DATE:
CO-OP ORGANIZATION:	
SUPERVISORS NAME:	

	YES	NO
Is the student's quality of work satisfactory?		
Is the student's academic knowledge adequate for the job?		
Does the student report regularly to work?		
Does the student work well with co-workers?		
Would you hire other NSU Co-op students?		

Please describe the student's current work assignments: _____

Additional Comments/Concerns:

Please fax or mail to:
Nova Southeastern University
Career Services
3301 College Avenue
Library Research Information Technology Center
Ft. Lauderdale, FL 33314 ~ 954- 262-7201

NOVA SOUTHEASTERN UNIVERSITY
CAREER SERVICES

ELP SUMMARY REPORT
COVER SHEET

(SUBMIT TWO WEEKS PRIOR TO END OF YOUR WORK ASSIGNMENT)

STUDENT NAME _____ DATE _____

SOC.SEC# _____ MAJOR _____

STUDENT PHONE _____ E-MAIL _____

FACULTY SPONSOR _____ DEPT _____

OF CO-OP/ INTN CR. HRS. _____

CO-OP SEMESTER : Fall Winter Sp/Sum 20_____

EMPLOYER _____

SUPERVISOR _____ TITLE _____

EMPLOYER ADDRESS _____

_____ PHONE () _____

FAX() _____ E-MAIL _____

TITLE OF YOUR POSITION _____

TOTAL HOURS WORKED _____ TOTAL WAGES EARNED _____

NUMBER OF TERMS WITH THIS COMPANY ONE TWO

DO YOU INTEND TO RETURN TO YOUR POSITION ? YES NO GRAD

WHY? _____

IF YOU ARE GRADUATING, HAVE YOU BEEN OFFERED EMPLOYMENT BY
THIS COMPANY? YES NO

IF YES, WHAT IS THE POSITION? _____

IF YES, DID YOU ACCEPT/REJECT AND WHY?

WOULD YOU RECOMMEND THIS POSITION TO ANOTHER STUDENT?

YES/NO WHY? _____

**NOVA SOUTHEASTERN UNIVERSITY
CAREER SERVICES
ELP**

STUDENT EVALUATION OF POSITION

STUDENT:	EMPLOYER:
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	YES	NO
1. Did your supervisor provide adequate training?	<input type="checkbox"/>	<input type="checkbox"/>
2. Did your supervisor motivate you to improve yourself?	<input type="checkbox"/>	<input type="checkbox"/>
3. Did you receive adequate instructions and assistance?	<input type="checkbox"/>	<input type="checkbox"/>
4. Did your CO-OP position provide you with relevant experience?	<input type="checkbox"/>	<input type="checkbox"/>
5. Was the work you performed of value to your employer?	<input type="checkbox"/>	<input type="checkbox"/>
6. Did the work atmosphere allow you to express your ideas?	<input type="checkbox"/>	<input type="checkbox"/>
7. Did your Co-op experience confirm your career goals?	<input type="checkbox"/>	<input type="checkbox"/>
8. Do you believe your Co-op experience will make you more Competitive in the job market after graduation?	<input type="checkbox"/>	<input type="checkbox"/>
9. Was your academic preparation for this assignment adequate?	<input type="checkbox"/>	<input type="checkbox"/>
10. Would you recommend this employer to other Co-op students?	<input type="checkbox"/>	<input type="checkbox"/>

Please offer any comments or suggestions you have for the Co-op Program _____

STUDENT

DATE

NOVA SOUTHEASTERN UNIVERSITY
CAREER SERVICES
ELP

EMPLOYER EVALUATION OF STUDENTS

EMPLOYER:	STUDENT:
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Please rate the CO-op student employee on the scales below. Check the ONE that best applies.

<p>RELATIONS WITH OTHERS Exceptionally well accepted Gets along satisfactory Has difficulty working with others Works very poorly with others</p>	<p>JUDGEMENT Exceptionally mature Above average in making decisions Usually makes the right decision Often uses poor judgment Consistently uses bad judgment</p>
<p>ABILITY TO LEARN Learns very quickly Learns easily Average in learning Rather slow to learn Very slow to learn</p>	<p>ATTITUDE TOWARD WORK Outstanding in enthusiasm Very interested and industrious Average in diligence and interest Somewhat indifferent Definitely not interested</p>
<p>QUALITY OF WORK Excellent Very Good Average Below Average Very Poor</p>	<p>OVERALL PERFORMANCE Outstanding Very good Average Marginal Unsatisfactory</p>
<p>DEPENDABILITY Completely dependable Above average in dependability Usually dependable Sometimes neglectful and careless Unreliable</p>	<p>PUNCTUALITY Regular Irregular</p> <p>ATTENDANCE Regular Irregular</p>

ACHIEVEMENT OF LEARNING OBJECTIVES The Co-op student accomplished the learning objectives as defined at the onset of employment. 1-Strongly Agree 2-Agree 3- Disagree 4-Strongly	OBJECTIVE #1	1	2	3	4
	OBJECTIVE #2	1	2	3	4
	OBJECTIVE #3	1	2	3	4

What suggestions do you have for the student in order to increase his/her professional development? _____

 SUPERVISOR DATE

 STUDENT DATE