

Central Ohio Technical College
Department of Business
Business Management Technologies
Syllabus Part I

Course Title:	Internship/Service Learning
Course Number:	2993
Credit Information:	1-3 depending on the amount of work experience hours required (1 hour equals a minimum of 7 hours actual work time per week). The student will also meet with their advisor 1 hour per each credit hour.
Instructor:	Bonnie Buchanan, Business Management Instructor Office – Hopewell 181 740-366-9406 or 1-800-9Newark extension 406 bbuchana@cotc.edu
Course Prerequisites:	2014; 2022; 2021; 2464; 2876 (not for BMA majors); 2025 with a “C” or better in each class.
Textbook:	None
Course Description:	This course offering is composed of work experience with a profit or non-profit organization chosen by the student and coordinated with a business faculty member or Division Director. The work experience must be related to the student’s academic program and will reinforce the concepts and ideals related to the management field. This course requires substantial self-directed application of learning.
General Policy:	<p>Any student with a documented disability that may require special accommodation should self-identify to the instructor as early as possible in order to receive effective and timely accommodation.</p> <p>As part of COTC’s campus-wide assessment initiatives (quality assurance program), samples of student performance such as test results, projects, papers, etc. may be used. The data gathered will not identify individual students and is not related to the student’s grade for the course, but will be used to improve student learning.</p> <p>This course is provided to you on an arranged basis. It is your responsibility to work independently with a profit or non-profit organization to gain work experience related to the</p>

Business Management Program. It is imperative that you provide all the documented information required as well as communicate continually throughout the quarter with your organization and advisor.

ITS Resources:

<http://www.newarkcampus.org/Departmental/TechConnectweb/default.htm>

Student Services: <http://www.cotc.edu/studentlife/>

Library: <http://newarkcampus.org/library>

Grading System:

The student's final grade for this course will be determined on the following basis:

Organization choice and agreement of Business Division
Times and projects agreed upon by organization and advisor
Documentation of goals and needs presented to organization and advisor
Documentation of assessment of work performed.

Grading Scale:

Satisfactory(S) or Unsatisfactory(U)

Withdraw Policy:

Students enrolled in regular quarter courses should check the Official College Calendar or the Quarter Important Dates listing on the COTC Web Page for last date to withdraw from this class. Students enrolled in flexibly scheduled courses should check with the Office of Student Records for the last date to withdraw from the flexibly scheduled course.

COURSE ASSIGNMENTS

WEEK 1: Organization identified and agreed upon by both parties
WEEK 2: Times, needs and goals identified
WEEK 3: Field Experience
WEEK 4: Field Experience
WEEK 5: Field Experience
WEEK 6: Field Experience

- WEEK 7: Field Experience
- WEEK 8: Field Experience
- WEEK 9: Documentation gathering
- WEEK 10: Documentation Presentation and assessment form completed
- WEEK 11: Documentation and assessment form presented to advisor

INTERNSHIP ASSESSMENT

Organization Name: _____

Student Name: _____ Date: _____

Please help me determine the success of the student working with you this quarter. Circle the appropriate number to indicate your evaluation of the service provided by the student to your organization's needs and goals.

- | | Strongly
Agree | Agree | Undecided | Disagree | Strongly
Disagree |
|--|-------------------|-------|-----------|----------|----------------------|
| 1. We thought the student performed professionally in all capacities. | 1 | 2 | 3 | 4 | 5 |
| 2. The student correctly addressed the goals and needs identified by your organization | 1 | 2 | 3 | 4 | 5 |
| 3. The student was well prepared and asked good questions. | 1 | 2 | 3 | 4 | 5 |
| 4. The student was prepared for each task assigned. | 1 | 2 | 3 | 4 | 5 |
| 5. The student made recommendations and or applied concepts learned from classes or experiences. | 1 | 2 | 3 | 4 | 5 |
| 6. The student utilized resources and supervision for professional growth purposes. | 1 | 2 | 3 | 4 | 5 |
| 7. The student portrayed responsible and ethical job behaviors. | 1 | 2 | 3 | 4 | 5 |
| 8. My overall assessment of the quality of work performed by the student is very high. | 1 | 2 | 3 | 4 | 5 |

Suggested improvements for future professional growth and development would be _____

_____.

Additional
Comments: _____

Signature: _____

Phone Number _____

Other ways to contact you _____

**CENTRAL OHIO TECHNICAL COLLEGE
INTERNSHIP IN BUSINESS
INTERN ACTIVITY REPORT AND LOG**

Student Name:

Quarter:

Business Name:

Site Supervisor:

Total Internship hours worked each week: _____

Activity Report: Describe your assignment within the company by responding to the following questions.

A. What specifically were you expected to do for this company?

B. What specific learning practices or objectives did you learn and/or develop with this company?

C. What new areas of growth and development did you learn that you can apply in your future?

D. Are there any assignments or tasks that you would have liked to do or would have liked added to your workload – is yes what and why – if no why not?

E. Describe any major problems you had while working for the business and what did you do to overcome this problem?

F. Assess your own performance during this internship. Please provide specific examples.

G. Was there sufficient information about the internship and do you feel the setting provided was appropriate for your learning needs in business? Why or Why not?

H. During the internship experience, did you feel that you were treated as an individual with respect to your circumstances? Why or why not?

Overall how would you rate your internship experience?

Student Signature _____ **Date** _____
Advisor Signature _____ **Date** _____
