

## Harmon College Internship Application

Ward Edwards 1600 - University of Central Missouri  
Warrensburg, MO 64093  
Phone: 660-543-8432

### Step 1 - Student Information:

**Name:**

**700#:**

**Phone Number:**

**UCM Email:**

**Undergraduate or Graduate:**

**Degree Program/Major:**

**Expected Grad Date (xx/xxxx):**

### Step 2 - Internship Information:

**Company Name:**

**Company Address:**

**Supervisor Name:**

**Supervisor Job Title:**

**Supervisor Phone:**

**Supervisor Email:**

**Internship Job Title:**

**Internship Start Date:**

**Internship End Date:**

**Total Work Hours Expected:**

**Is this a paid internship?** ☐ Yes ☐ No **If yes, how much?**

**Have you worked/currently worked here?** ☐ Yes ☐ No **If yes, how long?**

**Will a family member be supervising you?** ☐ Yes ☐ No **If yes, who?**

## Harmon College Internship Application

### Step 3: Enrollment

**Internship Semester (ex. Fall 2024):**

**Internship Prefix (MGT, MKT, etc):**

**Undergraduate or Graduate Credit:**

**Enrollment Credit Hours:**

**Minimum Work Hours:**

### Step 4: Required Attachments (PDF)

- ☐ **Memo of Understanding (MOU)** - Signed by the student, outlining learning objectives and responsibilities.
- ☐ **Job Description** - Provided by the employer, detailing responsibilities and duties.

**Continue to the Next Page**

## Harmon College Internship Application

### Student Agreement (To be completed by student):

By signing below, I confirm that I understand and agree to the following:

- I confirm that I have reviewed the Internship Manual and understand the policies, expectations, and requirements outlined within it.
- have communicated with my academic advisor and confirmed my credit hour, course prefix, and semester selection.
- I will complete all required work hours within the designated semester at the same employer.
- I understand that the Harmon College Internship Office (HCIO) is looking to see
- that this position will be relevant to my degree and challenging at a collegiate level
- I will check my UCM email and BrightSpace regularly for course assignments and updates.
- I understand that failure to complete my assignments, required hours, quitting, or termination from my internship may result in failing the course.
- I agree to conduct myself professionally, complete assigned tasks, and adhere to workplace policies.
- I understand that I am a student first. My internship will not interfere with my class schedule or my academic success.

**Student Signature:**

**Date:**

### Employer Agreement (To be completed by employer):

By signing below, I confirm that I understand and agree to the following:

- I acknowledge that this student is participating in an academic internship for course credit.
- I will provide meaningful work assignments relevant to the student's field of study.
- I am aware of how many work hours the student must complete and verify that it will be possible for the student to achieve, barring any extraneous circumstances.
- I will participate in:
  - Goal Setting & Goal Setting Review for the internship period
  - A mid-point check-in with the Harmon College Internship Coordinator
  - Completing an evaluation regarding the student's performance
  - Approving & Signing the student's work hour log
- I will verify and approve the student's work hours.

☐ Check this box if you would like an e-mail copy of this application

**Supervisor Name:**

**Supervisor Signature:**

**Date:**

**Submission Instructions: Submit this completed application with your Memo of Understanding and Job Description to the Harmon College Internship Office by the enrollment deadline.**

## Harmon College Internship Application

### Approval (To be completed by Harmon College Internship Coordinator)

☐ Approved ☐ Not Approved

**Comments:**

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

Signature: \_\_\_\_\_

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

### Program Advisor Signature (Graduate Level Only)

☐ Approved ☐ Not Approved

**Comments:**

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

Signature: \_\_\_\_\_

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

### Public Relations & Strategic Communication Approval (PR Program Chair)

☐ Approved ☐ Not Approved

**Comments:**

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

Signature: \_\_\_\_\_

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