

COURSE SYLLABUS

BIOE 298/498 Ecology Internship

A. Course Description:

The Ecology Internship program is available to undergraduate students in the B.S. in Biological Sciences degree who can develop a suitable program of experience and study off campus. The program must contribute to intellectual growth and development, have approval and support of an Ecology instructor, include structured supervision by the employer, organization, or individual under which it is developed, and provide progress and final reports. Normally, credit will be granted on the basis of 1 credit/20-30 hours in the field or on other approved activity to a maximum of 4 credits per semester. A maximum of 8 total credits may be completed per course in the degree program. This internship is open to students in the following major options: Biology Teaching, Conservation Biology & Ecology, Organismal Biology. Students in Fish & Wildlife Ecology & Management should enroll in WILD 298/498 Internship.

B. Prerequisites:

There are no specific course prerequisites, however we suggest that students be at least Junior standing with an overall GPA of 2.5 or higher to enroll in the BIOE 498 course. Freshman & Sophomore students will be enrolled in the 200-level course and will have less demanding internships, and students in Junior & Senior standing and/or with more demanding and skilled internships will enroll in the 400-level course. Formal application to and approval by an Ecology instructor and Department Head also required before registration.

C. Example:

The example outlined below is a WILD 498 Internship proposal developed in conjunction with the Montana Department of Fish, Wildlife and Parks (MDFWP), Research and Technical Service Bureau. The activity was approved by Fish & Wildlife faculty for 4 semester credits.

“ This project will involve off campus experience and study on the Bridger Mule Deer Research Study. During the internship (fall semester) the student would learn various techniques involved in the study, including:

1. Different trapping techniques
2. Construction of neckbands and radio collars
3. Various methods of handling and marking live deer
4. Determination of sex and age of live deer
5. Drawing blood
6. Monitoring and tracking radio-collared mule deer
7. Field necropsy and assigning cause of death
8. Winter/Spring classification of mule deer populations

The activities proposed above would require 4-10 (average 8) hours of field and laboratory/office work per week throughout the semester. The student will be on volunteer status with the MDFWP Research Biologist, Dave Pac and Assistant Mike Ross will provide supervision and the Employer's Final Evaluation.”

Other examples might include seasonal jobs where students participate in data collection and analysis or other professional activities with professional research or management personnel.

D. Procedures:

1. Student must complete application **FORM A** and return to on-campus instructor.
2. Student signs University liability statement, **FORM B**.
3. Upon approval by instructor, MSU **FORM C** is completed and signed by student, instructor, employer and department head.
4. **FORM A, FORM B, and FORM C** are returned to the department to register the student.
5. During period of internship student prepares bi-weekly reports, **FORM D**, to be signed and sent to on-campus instructor. (Make multiple copies of FORM D.)
6. If possible, near the end of the program, a final evaluation meeting should be held to involve the Student, employers and on-campus instructor.
7. Upon completion of Internship (at the end of the semester):
 - a. Student prepares and submits to on-campus instructor by final exam week, a final report summarizing the total program and experience/knowledge gained.
 - b. Student completed and submits with final report the Student's Final Evaluation **FORM E**.
 - c. Employer completes Employer's Final Evaluation **FORM F** and submits to on-campus instructor.
 - d. On-campus staff instructor completes Advisor's Final Evaluation **FORM G** and submits course grade, Pass (P) / Fail (F) based on overall evaluation and reports.

Sample

FORM A

Internship Program
STUDENT APPLICATION FORM

(Return to your instructor)

Name _____ ID # _____ Date _____

Address _____ Phone _____

Email _____

Major and Option _____ Credits completed _____

Number of semesters completed _____ GPA _____

Employer _____

(Name, Title, Organization)

(Address / Phone / Email)

INTERN POSITION DESCRIPTION: (Include dates and time to be spent weekly on specified internship activities and statement as to why you want to be involved in this program and what you hope to gain from it.)

Internship Program
UNIVERSITY LIABILITY STATEMENT

Montana State University

I, the undersigned student intern, understand that Montana State University, herein identified as the University has worked with the Employer named in the attached Memorandum of Agreement to develop an internship program which meets the University's educational criteria. I understand that if I, as a student intern, successfully complete the intern program as set forth in the Memorandum of Agreement, appropriate credit will be granted by the University.

I understand that since the daily managerial control and working conditions of the internship program are handled by, and are under the sole direction of, the Employer, the University does not have, nor can it assume any liability relative to my safety and health for the entire duration of the internship program; and that, therefore, I assume all risks relative thereto.

I acknowledge that I have been advised to review with the Employer what employee benefits are available to me (i.e., health and accident insurance, workman's compensation and liability insurance). As stated above, the University will not be liable in any way and, therefore, if adequate benefits are not available, I must make my own arrangements for accident and health protection.

(Signature of Student Intern and Date)

Internship Program
MEMORANDUM OF UNDERSTANDING
Between

Department of Ecology
Montana State University
Bozeman, MT 59717-0346

Student Name _____ ID# _____

Employer Organization _____ Phone _____

Employer's Address _____

Person in Charge of Student's Internship Program:

Employer Name _____

On-Campus Faculty Instructor _____

Dates of Program: Start _____, 20__ End _____, 20__ & Semester for Registration _____

Description of Educational Experience and Program:

Financial Arrangements:

Credits and Evaluation:

The student will be granted _____ **credits** (maximum of 4) in **BIOE 298 / 498 (circle one)** upon successful completion of the internship program. A final evaluation should be held toward the end of the student's final program, and involve the student, the Employer, and the on-campus instructor.

Grading will be on a pass/fail basis and will be the responsibility of the on-campus instructor.

Required Reports:

The student will be expected to keep a weekly, written log of experiences gained, the value of these experiences and their importance. At least once each week the Employer named above and the student will be in conference discussing the “how’s” and “why’s” of each week’s activities.

Every two weeks the student will send a report of the previous two week’s activities to his on-campus instructor. This report should contain what the student has done and the educational value to him/her. This is to be considered confidential and is an avenue to communicate any problems or concerns.

A final report summarizing the total program will be submitted by the student. (Instructors are encouraged to review the completed program file with department head.)

Other Items:

The terms and requirements set forth above are agreed to by the undersigned.

(Signature of Student)

(Date)

(Signature of Instructor)

(Date)

(Signature of Employer)

(Date)

(Signature of Department Head)

(Date)

FORM D

Internship Program
STUDENT'S BI-WEEKLY REPORT

Name _____ ID# _____

Mailing Address _____

Employer's Name and Address _____

Period Covered by this Report: From: _____ To: _____

Brief Outline of Activities:

Briefly summarize new knowledge and experience gained:

Sample

Problems, Concerns, or Suggestions:

(Signature of Student Intern and Date)

FORM E

Internship Program
STUDENT'S FINAL EVALUATION*

Name _____ Date _____

1. In considering your total program, what were the strong and weak points?

Strong Points:

Weak Points:

2. Would you recommend a similar experience for other students who might follow you?
Why or why not?

3. Did you truly feel that you were justified in receiving University credit for this experience?
Why or why not?

4. Other comments:

5. Circle the number that best gives an over-all evaluation of this internship:

<u>Outstanding</u>	<u>Excellent</u>	<u>Good</u>	<u>Fair</u>	<u>Poor</u>
10 9	8 7	6 5	4 3	2 1

(Signature of Student Intern and Date)

* To accompany the student's final report (Page 2, #7a)

FORM F

Internship Program
EMPLOYER'S FINAL EVALUATION

Name of Student _____ Date _____

A. Rating of Student's Characteristics:

Using the rating scale outlined below, please evaluate the following characteristics for the above named student. If the student made noticeable improvement in any of the characteristics during his/her program, also check column two.

Rating Scale

1 = Excellent 3 = Average
2 = Very Good 4 = Unsatisfactory

<u>Characteristics</u>	<u>Rating</u>	<u>Check if improved since the beginning of the program</u>
Ability to Learn	_____	_____
Interest in Learning	_____	_____
Speed of completing responsibilities	_____	_____
Ability to perform without supervision	_____	_____
Willingness to receive guidance	_____	_____
Relationships with other employees	_____	_____
Dependability and reliability	_____	_____
Judgement	_____	_____
Personal appearance	_____	_____
Enthusiasm	_____	_____
Courtesy	_____	_____
Over-all performance	_____	_____

B. General Questions:

1. Beginning wage: _____ per _____

Final wage: _____ per _____

2. Did the student earn the wages he received? _____

3. What characteristics did you like most about this student?

4. In what ways can the student improve?

5. Do you have complete confidence in this student's honesty?

6. Other comments, particularly related to the value of the internship program.

7. Circle the number that best gives an over-all evaluation of this particular internship.

Outstanding	Excellent	Good	Fair	Poor
10 9	8 7	6 5	4 3	2 1

(Signature of Employer and Date)

FORM G

Internship Program
ON-CAMPUS INSTRUCTOR'S FINAL EVALUATION

Name of Student _____ Date _____

1. What were the strong and weak points of this student's total program?

Strong Points:

Weak Points:

2. Would you recommend a similar experience for other students? Why or why not?

3. Are we justified in giving University credit for such an experience? Why or why not?

4. Suggestions for improvement and other comments.

5. Circle the number that best gives an over-all evaluation of this internship

Outstanding	Excellent	Good	Fair	Poor					
10	9	8	7	6	5	4	3	2	1

(Instructor Signature and Date)