

The University of Oklahoma
Human Relations – Advanced Programs

IDR REQUEST FOR ENROLLMENT

Student Information:

Name:	
(9 digit) OU Student ID #:	EX: (111-12-1234) <i>Not Social Security #</i>
OU e-mail address:	Telephone: ext. #
Alt. e-mail address:	Alt. phone: ext. #
Site/Location:	
Military Branch:	
Fund Source: Self-Pay <input type="checkbox"/> TA <input type="checkbox"/> VA <input type="checkbox"/> Other <input type="checkbox"/> *TA must be secured at least one week prior to course start date	

Semester/Year: Submit One (1) Enrollment form per course, per semester

Spring 20 ____	Summer 20 ____	Fall 20 ____
IDR Credit Hours ____	IDR Credit Hours ____	IDR Credit Hours ____

HR 4113 Practicum –Professor _____

HR 5960 Directed Reading - Professor _____

HR5990 Independent Study - Professor _____

HR 5200 Internship -

Internship Agency Information:

1) Name of Internship Agency :

2) FEMA:

Department of Human Relations 601
Elm Ave., Rm. 808
Norman, OK 73019
(405) 325-1756
FAX: (325) 325-4402
www.ou.edu/cas/hr

****Submit the Request for Enrollment and pages I-1 to I-6 for an agency internship to: mhrinternshipproposal@ou.edu**

I hereby grant OU Advanced Programs permission to enroll me in the requested course as approved by the Human Relations Department.

Advance Programs will send confirmation of enrollment to your OU email address.

NAME:

SEMESTER/YEAR:

NUMBER OF CREDIT HOURS:

FACULTY ADVISOR:

**The University of Oklahoma
DEPARTMENT OF HUMAN RELATIONS
Practicum/Internship
MEMORANDUM OF UNDERSTANDING**

I. This memorandum of understanding is made this _____ of _____, 20____ by and between The University of Oklahoma, Department of Human Relations (hereinafter called the "University"), and _____ (hereinafter called the "Agency").

II. WHEREAS, it is the desire of the University to utilize resources of the Agency for students, enrolled in HR 5200 Internship of the University; and WHEREAS, the Agency has such facilities and is desirous of cooperation with the University in making them available for the educational purposes, NOW THEREFORE, THE PARTIES MUTUALLY AGREE TO THE FOLLOWING:

A. The University and the Agency jointly agree:

1. As of _____, 20____, the Agency will allow the university to use its facilities for a practicum/internship for students enrolled at the University.
2. This agreement shall be effective beginning _____, 20____ and ending _____, 20____ by giving the other written notice of termination of not less than thirty (30) days. The agreement may be terminated at any time by mutual consent.
3. The Agency and the University cooperate in the placement of students. The Agency has no obligation to work with students who are initially considered to be, or are later found to be, unsuited to the Agency practicum/internship.
4. Access to student records shall be governed by the Family Educational and Privacy Rights Act, 20 U.S.C.S. 1232 G, commonly known as the "Buckley Amendment".
5. No party to this agreement shall, in connection with any aspect of its performance, discriminate against any person by reason of race, color, gender, age, religion, disability, veteran's status, sexual orientation, or national or ethnic origin.
6. It is mutually agreed that Agency acceptance of Students for practicum/internship does not obligate the Agency to compensate the University. Further, there is no financial obligation on the part of either institution to the other. Any agreements which promise financial compensation to the Student are wholly separate and apart from this memorandum of understanding.
7. The University and Agency agree to prohibit students, faculty, or staff from publishing any materials as a direct result of the practicum/internship experience in the Agency, unless such publication is approved for release, in writing by the Agency and the University, such approval not to be withheld unreasonably.

**STUDENT'S INTERNSHIP/PRACTICUM
LEARNING OBJECTIVES**

NAME: _____ OU ID#: _____
EMAIL: _____ PHONE: _____
ADDRESS: _____
HR FACULTY ADVISOR: _____ SEMESTER: _____
INTERNSHIP AGENCY, OFFICE, ETC. _____
INTERNSHIP ADDRESS: _____
SUPERVISOR'S NAME: _____ PHONE: _____
NO. OF CREDIT HOURS: _____ # CLOCK HOURS/WEEK: _____

1. Description of internship duties and responsibilities:

2. Learning objectives you have for the internship:

3. Criteria you will be using to measure and evaluate the internship experiences. (Include a discussion of how feedback will be provided, supervisor's expectations, and other pertinent information):

Student's Handwritten Signature **Date**

Agency On-Site Supervisor's Handwritten Signature **Date**

STUDENT'S INTERNSHIP/PRACTICUM FINAL REPORT

NAME: _____ ID# (ex:112 12 3456) _____

ADDRESS: _____ PHONE: _____

EMAIL ADDRESS: _____

HR FACULTY ADVISOR: _____ SEMESTER: _____

INTERNSHIP AGENCY, OFFICE,ETC. (No abbreviations) _____

INTERNSHIP ADDRESS: _____

SUPERVISOR'S NAME: _____ PHONE: _____

#CREDIT HOURS _____ # CLOCK HOURS/WEEK _____

Evaluate your internship experience. What aspects were helpful to you? What were not helpful? Was supervisor's instruction useful? What did you learn from this experience? Be specific give concrete examples. Make recommendations for future students. (You may add additional paper to respond.)

Student's Handwritten Signature

Date

The **AP student** is responsible for submitting the final paper by **April 1** for the spring semester; **July 29** for the summer; and **November 30** for the fall semester. The end of date of the course is December 31 for the fall, and April 30 for the spring, and August 31 for the summer.

Complete the final report (pages I-7 to I-9 or I-7 and I-8 for FEMA) and submit it to the HR 5200 course drop box in D2L by the required deadline. Make sure to include the signed documentation log and supervisor's assessment. Handwritten signatures are required; digital signatures are unacceptable. **DO NOT** submit incomplete reports as this will delay submission of your grade. Late submissions will result in a grade of Incomplete.

AGENCY ON-SITE SUPERVISOR'S REPORT
Assessment of Intern

NAME: _____ **OU ID#** _____
ADDRESS: _____ **PHONE:** _____
EMAIL ADDRESS: _____
HR FACULTY ADVISOR: _____ **SEMESTER:** _____

INTERNSHIP AGENCY, OFFICE, ETC. (No abbreviations) _____
INTERNSHIP ADDRESS: _____
SUPERVISOR'S NAME: _____ **PHONE:** _____
#CREDIT HOURS _____ **# CLOCK HOURS/WEEK** _____
PERIOD OF ASSESSMENT _____ **TO** _____

Please assess the intern's strengths, area in need of improvement and general performance in the internship. Specific information would be helpful. (You may elect to send a letter instead of this form but the form must be submitted.)

Agency On-Site Supervisor's Handwritten Signature

Date

Student's Handwritten Signature

Date

For the Advanced Programs student:

The completed supervisor assessment should be submitted to the HR 5200 D2L on or before April 1 for spring semester; August 1 for summer semester; and November 30 for fall semester. Course end dates are April 31, August 31 for summer, and December 31 respectively.

**The University of Oklahoma
Department of Human Relations
Internship Request for Enrollment**

Students are responsible for submitting all memoranda and paperwork to the Human Relations Department prior to enrollment in the internship. Submit the Request for Enrollment and pages I-1 to I-6 of the Memorandum of Understanding to the Human Relations Department as one PDF attachment at: mhrinternshipproposal@ou.edu. Do not send the proposal in tif or jpeg formats. Internship proposals are due by the following dates:

- Spring: November 1
- Summer: March 1
- Fall: July 1

Failure to complete all documents correctly will delay enrollment into the internship hours. Use the following checklist below to complete the REQUEST FOR ENROLLMENT form.

***Students that are enrolling in Internship and Directed Reading/Independent Study should list all credit hours for each course for the semester on ONE enrollment form. All Internship credit hours in a semester, *regardless of the agency*, should be added together. For example, a student enrolling in 3 credit hours of FEMA internship and 3 credit hours of agency internship would be enrolled in a total of 6 credit hours of HR 5200 for that semester. Students enrolled in a HR 5960 Directed Reading or HR 5990 Independent must include these hours in the total credit hours on the Request for Enrollment form.**

Request for Enrollment Checklist Items	Completed
<i>Complete all fields in the student information section.</i>	<input type="checkbox"/>
<i>Select the appropriate semester (s) and fill in the year List the number of internship credit hours (1-6)</i>	<input type="checkbox"/>
<i>Check HR 5200 Internship box(or FEMA if applicable)</i>	<input type="checkbox"/>
<i>List the entire name of the internship agency WITHOUT INITIALS or Check the FEMA box</i>	<input type="checkbox"/>
<i>Check the box at the bottom of the page to grant OU Advanced Programs permission to enroll you in the requested course as approved by the Human Relations Department</i>	<input type="checkbox"/>

The University of Oklahoma
Department of Human Relations
Practicum/Internship Memorandum of Understanding Checklist

Students are responsible for submitting all memoranda and paperwork to the Human Relations Department prior to enrollment in the internship. Internship proposals must be received by the Human Relations department by the following dates: Fall July 1 Spring November 1 Summer March 1

Failure to complete all documents correctly will delay enrollment into the internship hours. Use the following checklist below to complete the MEMORANDUM OF UNDERSTANDING and LEARNING OBJECTIVES forms.

Memorandum of Understanding & Learning Objectives Checklist Items	Page # Section	Completed
<i>Complete the top of form (credit hours are the number of internship hours requested). Do not list your Site Director as your Faculty Internship Advisor.</i>	I-1	<input type="checkbox"/>
<i>*List the beginning date of the internship:</i> Fall September 1 Spring January 2 Summer May 1 List the entire name of the agency WITHOUT INITIALS	I-1 Section I	<input type="checkbox"/>
<i>*List the beginning date of the internship :</i> Fall September 1 Spring January 2 Summer May 1	I-1 Section II A. 1	<input type="checkbox"/>
<i>*List the beginning date of the internship:</i> Fall September 1 Spring January 2 Summer May 1 <i>*List the ending date of the internship</i> Fall December 1 Spring April 1 Summer August 1	I-1 Section II A. 2	<input type="checkbox"/>
<i>Complete the top of form (credit hours are the number of internship hours requested).</i>	I-2	<input type="checkbox"/>
<i>Complete the top of form (credit hours are the number of internship hours requested).</i>	I-3	<input type="checkbox"/>
<i>Fill in the number of individual conferences you will meet with your agency on-site supervisor ONCE per WEEK. Please note your internship instructor will NOT meet with your supervisor.</i>	I-3 C. 10	<input type="checkbox"/>
<i>Handwritten(NOT digital) signature of the Agency On-Site Supervisor and date</i>	I-4	<input type="checkbox"/>
<i>List the beginning date of the internship</i> Fall September 1 Spring January 2 Summer May 1 List the entire name of the agency WITHOUT INITIALS	I-5 Section I	<input type="checkbox"/>
<i>Sign (handwritten signature only) and date</i> <i>Witness signature and date (the on-site supervisor should NOT be used as a witness)</i>	I-5 Section III	<input type="checkbox"/>
<i>Complete all fields at the top of the page and answer questions 1-3</i> <i>Student handwritten (NOT digital) signature and date</i> <i>Agency On-Site Supervisor handwritten (NOT digital) signature and date</i>	I-6	<input type="checkbox"/>

***Please note the Internship Final Report is due 30 days prior to the end of the course to allow time for review and grade submission. The actual end dates of the course are: Fall December 31; Spring April 30; and Summer August 31. For Tuition Assistance purposes list the end date of the course.**