University of Maine

Data Science and Engineering Graduate Program

 **DSE 590 University of Maine DSE Internship Work Plan**

for

Name of Student: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Semester: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Year: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Dear Company, Agency or Non-Profit Organization DSE Internship Supervisor,

Student interns are viewed favorably by employers because such students typically are career focused, bring with them enthusiasm and current industry knowledge, appreciate the course credit benefits gained above and beyond normal company benefits, and are under pressure to perform well since they are being formally assessed both by their hosting company and the university.

Student internship programs are expected to serve broader goals than merely practical working experience. The DSE Internship program must engage the student in one or more of the following: data preparation for data analytics, data management and organization, statistical data analytics, using machine learning techniques to analyze data, data visualization, big data processing, cloud data processing, real-time data processing or a combination of thereof.

This student is applying for a 3-credit internship program involving a minimum of 200 work hours. Briefly describe the position and activities in which the student intern will be engaged.

Further, the individualized work plan for the student should set forth ***three or more major learning objectives*** to be achieved by the student while participating in the internship experience.

For this student, major learning objectives to be accomplished during the internship period include:

1.

2.

3.

4.

(Note: The above learning objectives should be drafted by the Company Internship Supervisor in consultation with the student and are subject to approval by the Academic Internship Supervisor in consultation with the DSE Program Director. The learning objectives must be measurable. )

Salary is a private matter negotiated between the intern and the company hosting the intern.

**Hosting Organization Commitment**

The intern hosting organization, through its Company Internship Supervisor or otherwise, is committed to providing sufficient supervision, introducing the intern to the organization and co-workers, assigning challenging projects and tasks, providing the intern with information on safety as well as harassment, dress, conduct and other company policies, familiarizing the intern with the extent of their job authority and decision-making capabilities, planning for and implementing training as appropriate, and engaging in weekly meetings with the intern to stay up-to-date with the intern’s progress. The intern hosting organization is also committed to evaluating the student using a standard form at the completion of the requisite number of hours.

REQUIRED SIGNATURES:

 **Hosting Organization**

 **Internship Supervisor**

 **Signature:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

 (acting for the Hosting Organization)

 Work Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ E-mail: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

 Street Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 City and State: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 **Student Signature:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 **Academic**

 **Internship Supervisor**

 **Signature:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 **Program Director**

 **DSE**

 **Signature:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please attached the signed instructor waiver form for advising an ***Independent Study Course Approval Form*** without compensation found at https://umaine.edu/las/faculty-resources/financial/

 **ATTACHMENT A**

**Intern Evaluation Form**

to be completed by

**Hosting Organization Supervisor**

***To the Student:*** Complete the top portion of this page and fill in the Learning Objectives in the table at the bottom of the page as drawn from *Attachment A*. Take the form to your Hosting Organization Internship Supervisor at the end of the semester. Ensure that the form is returned to the Academic Internship Advisor no later than Friday of the week before final examination week in the semester in which you enrolled for the course.

Student Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Student ID Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Semester (circle one): Fall, Summer, Spring Year:\_\_\_\_\_\_\_\_\_\_

Name of Internship Hosting Organization: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Internship Supervisor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***To the Hosting Organization Internship Supervisor:*** This is a request for you to complete your evaluation of the student named above for the student's work this past academic term as an intern with your company, agency or non-profit organization. Please forward this evaluation directly to both the Program Director of the Data Science and Engineering Program and the Academic Internship Supervisor as listed below (a) by email or (b) by U.S. Mail in a sealed envelope.

***1. Program Director, Data Science and Engineering Graduate Program***

Associate Professor Silvia Nittel

5711 Boardman Hall, Rm 334

University of Maine, Orono, ME 04473-5711

E-mail: silvia.nittel@maine.edu

Phone: 207-581-3681

**2. Academic Internship Supervisor**

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

5711 Boardman Hall, Rm \_\_\_\_

University of Maine, Orono, ME 04473-5711

Orono, ME 04473-5711

Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

E-mail: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

In support of the learning process, the DSE’s policy is to distribute faculty and external supervisor evaluations to the student at the completion of the course.

**Rating Scale for Learning Objectives**

The learning objectives agreed upon for this intern at the outset of the internship relationship are listed below. Please indicate the extent to which the learning objectives were achieved where:

5 = objective met completely

4 = objective met mostly

3 = objective met with significant progress

2 = objective met at minimal level

1 = objective not met at any level

|  |  |
| --- | --- |
| **Score**  | **Learning Objectives** (fill in from the Work Plan on Attachment A)  |
|  | 1.  |
|  | 2.  |
|  | 3.  |
|  | 4.  |
|  | 5.  |

**Rating Scale for Evaluation Criteria**

Please evaluate the student using a 1 to 5 scale where 5 is the highest score and 1 is the lowest score.

5 = outstanding

4 = above average

3 = satisfactory

2 = needs improvement

1 = unsatisfactory

|  |  |
| --- | --- |
| **Score** | **Evaluation Criteria** |
|  | Quality of work (accurate and thorough) |
|  | Quantity of work (met goals set by department) |
|  | Use of time (efficient/effective use of time to complete tasks) |
|  | Initiative (ability to work independently) |
|  | Written Communication skills |
|  | Verbal Communication skills |
|  | Grasp of subject (understanding of applicable standards and procedures) |
|  | Ability to apply classroom experience to real time projects |
|  | Creativity |
|  | Job judgment (ability to make appropriate work related decisions) |
|  | Interpersonal relations/teamwork (effectiveness in working with peers and supervisors) |
|  | Adaptability (ability to alter activities to accommodate change) |
|  | Dependability  |
|  | Punctuality |
|  | Attendance |
|  | Problem solving/critical thinking skills |
|  | Overall rating of this student’s performance |

Strengths of the intern:

Areas for improvement:

What do you think the student gained from the internship?

Hosting Organization

 Supervisor Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

 Work Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ E-mail: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

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 City and State: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

THANK YOU FOR SUPPORTING THIS INTERN AND OUR ACADEMIC PROGRAM!