



# UNIVERSITY OF SOUTH ALABAMA Graduate Gerontology Internship Plan

During the term prior to placement in an internship, the intern must select an appropriate site. The intern is encouraged to call or visit at least three potential sites and to review the sites with his/her academic supervisor. Dr. Roma Hanks or Dr. Denise McAdory may serve as Internship Supervisors for Gerontology. A faculty member in the student's major department may be approved as Academic Supervisor for the Internship if that internship is being used to meet jointly the internship requirements of the Gerontology Certificate or Gerontology Minor and the intern's academic major. The internship site must be approved by the Gerontology Program Director at least six weeks prior to placement. Approval will be given ONLY upon receipt in the Director's Office of the Internship Plan form. The form may be downloaded from the Gerontology website or it may be picked up in the Office of the Department of Sociology, Anthropology, and Social Work on the USA Main Campus. The form must be reviewed and signed by both the intern and the Field Supervisor, who is the person directly responsible for evaluating the intern's performance on site.

Name of Student: \_\_\_\_\_ Student # J-\_\_\_\_\_

Student's Address \_\_\_\_\_

Phone Number (H) \_\_\_\_\_ (W) \_\_\_\_\_ (C) \_\_\_\_\_

Semester of Placement: Fall Spring Summer Year: \_\_\_\_\_ Number of Credit Hours: 3\_\_ 6\_\_

Student's Major/Degree Program: \_\_\_\_\_

Internship Site: \_\_\_\_\_

Address of Site: \_\_\_\_\_

Field Supervisor: \_\_\_\_\_ Phone Number: \_\_\_\_\_

The student and the field supervisor should meet together to discuss the following questions and to complete this form. Please refer to the Internship Objective (Graduate) at the Gerontology website and the course description for GRN 596 before completing this form.

What are the goals and objectives for this internship?

What are the specific tasks/projects the student will complete during this internship?

Briefly describe the schedule for this internship: Days/Evenings/Nights

Activities/Responsibilities Assigned:

Special Considerations (if any):

Supervisor's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Intern's Signature \_\_\_\_\_ Date: \_\_\_\_\_