Application & Mentor Agreement
Higher Education Administration & Student Personnel
HIED 6/76594: Internship in College Teaching

Intern’s Name & Email ____________________________

Faculty Mentor’s Name & Email ____________________________

Internship Institution ____________________________

Course Name & Number ____________________________

Term & Year ____________________________

Class Meeting Schedule ____________________________

List any discussion group leader, supervisory, or other activities that are considered part of the internship appointment: ____________________________

Check the aspects of the course for which the internship participant will have either full responsibility or significant involvement.

- textbook selection
- syllabus development
- development of exams/assessments
- development of student assignments
- development of instructional materials
- classroom teaching (required if face-to-face)
- assignment of student grades
- other noteworthy aspects of the course ____________________________

Describe the nature and schedule of observation and feedback that will take place.

I understand the expectations and requirements of both the internship participant and the mentor, and I agree to these expectations and requirements ____________________________

Faculty Mentor’s Signature ____________________________

College/School/Department ____________________________

Date ____________________________

Internship Participant’s Signature ____________________________

Date ____________________________

Return to: Dr. Stephen Thomas at sbthomas@kent.edu or 401-K White Hall, Kent State University, Kent, Ohio 44242.