



*Internship
Program Guide*

Accounting

Student Information

*Southeastern Technical College
3001 East First Street
Vidalia, Georgia 30474
(912)538-3100*

*Southeastern Technical College
346 Kite Road
Swainsboro, Georgia 30401
(478)289-2200*

[Link to Southeastern Tech Website](#)

5/16/2022

INTERNSHIP STUDENT PACKET

- ◆ Memo to Students
- ◆ Internship Information Sheet (completed by Student)
- ◆ Internship Agreement Form (Signed by student, employer, & Advisor)
- ◆ Biweekly Timesheets
- ◆ Student Self-Evaluation Form (for mid-term and final)

MEMORANDUM

Date: May 16, 2022
To: Interns
From: Lori Sweat, Accounting Instructor/Advisor
RE: Student Packet

This internship is an opportunity for you to apply in real life situations what you have learned here at Southeastern Technical College. We are pleased that you are representing us and that the local employers are willing to give you this opportunity.

I will be making an initial contact with your supervisor. At that time I will give him/her the Employer Packet which includes a mid-term and final evaluation of your performance.

Interns are asked to turn in the following items:

1. **Internship Agreement and Internship Information Form** needs to be completed and submitted **to me** by the due date indicated on the syllabus/lesson plan.
2. **Biweekly Timesheet** signed by the employer or supervisor and turned in every two weeks (please do not count meal breaks as work time). **Submit this to your advisor by the due dates indicated on the syllabus/lesson plan.**
3. **Student Self-Evaluation Forms** completed and submitted at mid-term and at the end of the semester. **Submit this to your advisor by the due dates indicated on the syllabus/lesson plan.**
4. **Other requirements** completed and submitted as specified in the course syllabus. Please see the section regarding the biweekly journal of activities, *Journal of Accountancy* article reviews, job description, and Career Services Workshops/Mock Interview.

Please contact me by phone, email, or message if I can assist you in any way. I look forward to working with you this semester.

INTERNSHIP INFORMATION

NAME: _____

ADDRESS: _____

PHONE NUMBER: _____ Student ID #: _____

PROGRAM OF STUDY: _____

WHEN WILL YOU GRADUATE? _____

ADVISOR: _____

INTERNSHIP COURSE NAME AND NUMBER: _____

PLACE OF EMPLOYMENT: _____

ADDRESS OF EMPLOYMENT: _____

PHONE NUMBER OF EMPLOYMENT: _____

SUPERVISOR'S NAME: _____

HOURS AND DAYS YOU WILL BE WORKING: _____

JOB TITLE: _____

WHAT ARE YOUR JOB RESPONSIBILITIES AT WORK? _____

WILL YOU BE PAID FOR WORKING DURING YOUR INTERNSHIP? _____

GIVE DIRECTIONS ON HOW TO GET TO YOUR JOB _____



THIS AGREEMENT IS ENTERED INTO ON THIS DAY, the _____ day of _____, 20_____

by _____ (student), by _____

(Employer), and by the _____ (Program) at

Southeastern Technical College, that:

_____ (Employer) will:

Provide on-the-job training relative to the appropriate program at Southeastern Technical College, which complies with the Fair Labor Standards Act regarding trainees by meeting all six of the following criteria:

1. The training, even though it includes actual operation of the facilities of the employer, is similar to that which be given in a technical college.
2. The training is for the benefit of the trainee.
3. The trainee does not displace regular employees, but works under close observation.
4. The employer that provides the training derives no immediate advantage from the activities of the trainee, and on occasion his operations may actually be impeded.
5. The trainee is not necessarily entitled to a job at the completion of the training period.
6. Provide a contact person in the firm's employ who will be responsible for:
 - *Evaluating the intern twice per semester*
 - *Sending applicable reports to the internship instructor*
 - *Consulting with the internship instructor as needed*
 - *Inform the internship instructor about attendance problems, work ethics problems, skill problems, etc.*

_____ (Student) will:

- Complete all applicable paper work.
- Take full advantage of the internship experience by performing work assignment.
- Willingly and enthusiastically work with the employer and instructor to improve on-the-job performance.
- Maintain **complete** confidentiality of all work related information during and after the internship.

STC Program Advisor will:

- Review student records to ensure that the student is eligible for the internship experience.
- Assist with procurement of or identify an internship site, if needed.
- Make initial contact with employer to regarding internship procedures and distribute Employer packet.
- Make a phone contact with the employer at the beginning of the semester.
- Receive and maintain paperwork from students.
- Assign final grades.
- Serve as liaison.
- Counsel students and, if needed, arrange for additional learning experience.

I have read and do agree to abide by the responsibilities outlined in this agreement.

Employer's/Supervisor's Signature	DATE
Program Advisor's Signature	DATE
Interning Student's Signature	DATE

INTERNSHIP
BIWEEKLY TIMESHEET

INTERN NAME: _____

COMPANY NAME: _____

Day	Date	In	Out	In	Out	Hours worked
Monday						
Tuesday						
Wednesday						
Thursday						
Friday						
Saturday						
Sunday						
Total Hours Worked for the Week						
Monday						
Tuesday						
Wednesday						
Thursday						
Friday						
Saturday						
Sunday						
Total Hours Worked for the Week						
Total of Hours Worked for the Bi-Weekly Reporting Period						

Approval Required:

Signature of Employer/Supervisor

Date

STUDENT EVALUATION FORM

Student: _____ Supervisor: _____

Mid-Semester Evaluation

Final Evaluation

Please rate yourself on the following statements using the scale below:

5 – Almost Always
4 – Usually

3 - Sometimes
2- Seldom

1 – Never
NA – Not Applicable

Personal Traits

Arrives/Leaves on time	5	4	3	2	1	NA
Keeps work area neat and clean	5	4	3	2	1	NA
Respects the rights of others	5	4	3	2	1	NA
Displays loyalty, honesty, and trustworthiness	5	4	3	2	1	NA
Displays leadership skills	5	4	3	2	1	NA
Prioritizes and manages time and stress	5	4	3	2	1	NA
Displays appropriate nonverbal and/or verbal skills	5	4	3	2	1	NA
Deals appropriately with cultural/racial diversity	5	4	3	2	1	NA
Demonstrates a positive attitude	5	4	3	2	1	NA
Dresses appropriately	5	4	3	2	1	NA
Accepts responsibility	5	4	3	2	1	NA
Practices good grooming	5	4	3	2	1	NA
Acts professionally	5	4	3	2	1	NA
Speaks clearly	5	4	3	2	1	NA
Shows interest in work	5	4	3	2	1	NA
Is willing to adapt/be flexible	5	4	3	2	1	NA
Is tactful/courteous	5	4	3	2	1	NA
Interacts well with co-workers	5	4	3	2	1	NA
Is a good representative of our company	5	4	3	2	1	NA

Abilities

Listens attentively	5	4	3	2	1	NA
Accepts constructive criticism	5	4	3	2	1	NA
Follows instructions	5	4	3	2	1	NA
Attends to details	5	4	3	2	1	NA
Solves problems acceptably	5	4	3	2	1	NA
Produces quality work	5	4	3	2	1	NA
Makes intelligent decisions	5	4	3	2	1	NA
Prioritizes tasks correctly	5	4	3	2	1	NA
Meets work deadlines	5	4	3	2	1	NA
Retains composure under pressure	5	4	3	2	1	NA

Skills

Performs the following in an acceptable/correct manner

Records daily, weekly and monthly transactions.	5	4	3	2	1	NA
Records entries in appropriate ledgers.	5	4	3	2	1	NA
Prepares reconciliations	5	4	3	2	1	NA
Prepares appropriate daily, weekly and monthly reports	5	4	3	2	1	NA

Abilities

Exhibits knowledge or understanding of the following concepts:

Chosen career field	5	4	3	2	1	NA
Correct grammar	5	4	3	2	1	NA
Punctuation	5	4	3	2	1	NA
Computerized equipment	5	4	3	2	1	NA
Spelling	5	4	3	2	1	NA
Mathematics	5	4	3	2	1	NA
Telephone etiquette	5	4	3	2	1	NA
Receptionist duties	5	4	3	2	1	NA
Wise use of supplies	5	4	3	2	1	NA
Work area housekeeping	5	4	3	2	1	NA
Confidentiality	5	4	3	2	1	NA
Company policies	5	4	3	2	1	NA
Using resources/reference materials	5	4	3	2	1	NA

Comments:

Signature: _____

Date: _____

STUDENT EVALUATION FORM

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