

# Davenport University

## INTERNING ABROAD PROCESS OVERVIEW

**Definition:** An internship is a structured work-based learning experience, within an approved host organization, for which a student earns academic credit. This experience may be paid or unpaid, based on the program. A *global* internship, or internship abroad, is conducted in an approved host organization outside a student's home country. It may require a visa or work permit, specialized language skills, and cross-cultural preparation. **Students should begin the process for global internships at least 8 months in advance of starting the internship.**

### Step 1

Meet with your Academic Advisor. He/she will make sure you meet the GPA and Davenport prerequisite course requirements for the internship and put you on a course waiting list. He/she will also give you a signed copy of your DU Degree Works plan to take with you to the mandatory Internship Information Seminar.

### Step 2

Complete a **Davenport University Application to Intern Abroad** and submit this to the Director, Office of Global Programs for review. The application is available by contacting the Office of Global Programs.

### Step 3

Meet with the Director, Office of Global Programs to review the **Davenport University Application to Intern Abroad** and to receive approval for continuation in the process via a signed copy of the **Checklist and Approval Form for Interning Abroad**.

### Step 4

For Colleges of Business and Technology, meet with the Regional Internship Manager at Warren or Lettinga campuses. The Manager will oversee the process of obtaining specific approval from the Associate Academic Department Chair for internship position descriptions and credits, and assist with other internship related paperwork.

### Step 5

Follow up with the Office of Global Programs for required international internship pre-departure orientation sessions. The Office of Global Programs will notify the Regional Internship Manager that the student has completed the required pre-departure orientation. **These sessions must be completed before a student is enrolled in an internship course.**

### Step 6

Enroll in the proper DU internship course.

### Step 7

Depart for the internship and complete all academic requirements online and other employer requirements.

**Davenport University**  
**Office of Global Programs**  
**Checklist and Approval Form for Interning Abroad**

**Purpose of Form:**

To serve as a checklist and approval form for discussions with students interested in completing credit-bearing internships outside of the United States. The Office of Global Programs works collaboratively with the Regional Internship Managers in the colleges to advise students on interning abroad.

**Points of Discussion for Students and the Director, Office of Global Programs:**

\_\_\_\_\_ Student and Director have reviewed the Davenport University Application to Intern Abroad

\_\_\_\_\_ Student has identified a specific third-party provider for international internships

\_\_\_\_\_ Student understands that he/she must personally apply directly to a provider for acceptance to their program. Assistance with review of application materials is available from the Office of Global Programs and the Regional Internship Manager.

Applications to third party internship providers typically include:

- An application form
- A resume
- A statement of purpose for studying abroad
- Letters of recommendation from faculty/staff
- Any other necessary approval forms to be signed by the Director, Office of Global Programs
- A non-refundable application fee

\_\_\_\_\_ Student understands that he/she must provide both the Office of Global Programs AND the Regional Internship Manager a copy of the specific internship responsibilities from the third party provider

\_\_\_\_\_ Student understands that he/she must purchase Davenport University sponsored insurance for the duration of the intern abroad program

\_\_\_\_\_ Student agrees to meet with the Office of Global Programs for pre-departure orientations before beginning the internship. The Director, Office of Global Programs will e-mail the Regional Internship Manager when these pre-departure orientation sessions have been completed.

\_\_\_\_\_ Student understands that he/she must complete all other required steps in the internship process by working directly with the Regional Internship Manager, including being enrolled in a credit-bearing DU internship course

**Acknowledgement:** The student and the Director, Office of Global Programs, acknowledge that they have reviewed the information above and that the Office of Global Programs has approved the student moving forward with the Regional Internship Manager in the internship process.

\_\_\_\_\_  
Student Name

\_\_\_\_\_  
Director, Office of Global Programs\*

\_\_\_\_\_  
Student ID

\_\_\_\_\_  
Date

\_\_\_\_\_  
Student Signature

\*The Director, Office of Global Programs should return a signed copy of this form to the Regional Internship Manager



## Application to Intern Abroad

### Intern Abroad Program Description

Name of Third Party Internship Provider: \_\_\_\_\_  
 Country of Internship: \_\_\_\_\_  
 Tentative Dates of Internship: \_\_\_\_\_  
 DU Internship Course (i.e. ACCT 490): \_\_\_\_\_

### Application Checklist

\_\_\_\_ This application completed in full, signed, and dated by the applicant  
 \_\_\_\_ Two faculty recommendation forms (attached to this application)  
 \_\_\_\_ Essay by the applicant (1-2 pages, typed, double-spaced, standard 12 pt. font): Please explain your reasons for wanting to participate in an intern abroad program. Include any information that might be helpful in evaluating your suitability for an intern abroad experience (e.g., previous travel, work, and volunteer positions, the program's relevance to your personal and educational goals, and challenges you might experience abroad)

### Personal Data – (provide legal name as it appears on your passport) if using a pen, print in CAPITAL letters in ink

Last Name		First Name		Middle Name		Date of Birth		Student ID Number	
Country of Citizenship		Passport Number (if available)		Expiration Date		Gender (Male or Female)		Home Campus	
Permanent Address in the U.S. (number, street, apartment)									
City			State			Zip Code			
Home Phone			Mobile Phone			E-mail Address			
Current Degree Major			College Credits Completed		Cumulative GPA			Expected Graduation Date	
Any disciplinary history? If yes, please describe; use additional page if needed									
Emergency Contact Person: Last Name			First Name			Relationship			
Address (number, street, apartment)									
City			State			Zip Code			
Home Phone			Mobile Phone			E-mail Address			
Upon your initial acceptance into the intern abroad program, you will receive directions to work with your college's Internship Manager to complete other steps necessary to participate in the Intern Abroad program.									
<b>I certify that all responses made on this application form are true and accurate, and I will notify the respective institution in writing of any relevant changes.</b>									
Student's Signature					Date: (month/day/year)				

### For Office Use Only

Date Received:		____ Approved		____ Denied		Approved/ or Denied by:	
Comments:							

Please return this application form and the required documents above to:

Office of Global Programs Lettinga Campus

Gerald Nyambane, Ph.D.

Gerald.Nyambane@davenport.edu ~ 616.554.4711



## Student Intern Abroad Program Health Information

This form is to be completed by the participant and returned to the DU Office of Global Programs with the Intern Abroad Application

NAME \_\_\_\_\_ BIRTH DATE \_\_\_/\_\_\_/\_\_\_ GENDER \_\_\_\_\_

PROGRAM \_\_\_\_\_ SEMESTER \_\_\_\_\_

*The purpose of this form is to help Davenport be of maximum assistance to you should the need arise during your study abroad experience. Mild physical or psychological disorders can become serious under the stresses of life in another country. It is important that Davenport be made aware of any medical, psychological or learning problems, past or current, which might affect you in a foreign study context. The information you provide will remain confidential and will be shared with program staff, faculty, or appropriate professionals only if pertinent to your own well-being. Davenport may not be able to accommodate all individual needs or circumstances. This information does not affect your admission into the program.*

Yes \_\_\_ No \_\_\_ 1. Are you generally in good physical condition? (If no, please explain. Use the back of this form if necessary.)

Yes \_\_\_ No \_\_\_ 2. Have you ever been treated or are you currently being treated for any psychological or emotional problems? (If yes, please explain.)

Yes \_\_\_ No \_\_\_ 3. Do you have any allergies? (If yes, please explain.)

Yes \_\_\_ No \_\_\_ 4. Are you taking any medications? (If yes, please explain.)

Yes \_\_\_ No \_\_\_ 5. Have you had any major injuries, diseases, ailments or operations in the past five years? (If yes, please explain.)

Yes \_\_\_ No \_\_\_ 6. Are you a vegetarian or on a restricted diet? (If yes, please explain)

Yes \_\_\_ No \_\_\_ 7. Is there any additional information (concerning medical condition, physical or learning problems) that would be helpful for the program to be aware of during your intern abroad experience? (If yes, please explain.)

*I certify that all responses made on this Health Information Form are true and accurate, and I will notify Davenport hereafter of any relevant changes in my health that occur prior to the start of the program.*

Signature of Student Participant \_\_\_\_\_ Date \_\_\_\_\_

## Faculty Recommendation for Student to Intern Abroad

**Applicant must fully complete the top portion of both pages of this form!**

Name of Applicant: \_\_\_\_\_ Student ID Number: \_\_\_\_\_

Semester/Term Abroad: \_\_\_\_\_

STUDENT WAIVER STATEMENT: In accordance with the “Family Educational Rights and Privacy Act of 1974,” Davenport University recognizes that students enrolled in Intern Abroad Programs have the right to inspect and review all materials in their files *unless* they sign the following statement:

I understand my right under the provisions of PL 93-380.513 as amended 20 US Code Section 1232G et al. to inspect letters of recommendation on my behalf. In order to encourage the authors of letters about me to write with candor, I have elected not to exercise my rights under the aforesaid statute and affirm that I shall not do so in the future. This waiver will remain in effect until I notify, in writing, the University, at which time this document will be removed from my file and returned to the author, or until this recommendation is destroyed.

\_\_\_\_\_  
(Signature of Applicant)

\_\_\_\_\_  
(Date)

***INSTRUCTIONS FOR THE INDIVIDUAL COMPLETING THE RECOMMENDATION FORM:***

**THE STUDENT’S APPLICATION WILL NOT BE ACCEPTED WITHOUT THIS RECOMMENDATION. PLEASE RETURN THIS RECOMMENDATION TO THE DU OFFICE OF GLOBAL PROGRAMS (ADDRESS ON BACK OF FORM). IF YOU PREFER, YOU MAY PLACE THIS FORM IN A SEALED ENVELOPE AND SIGN THE BACK FOR SECURITY.**

Instructions: The above student is applying for admission to the DU Intern Abroad Program. Interning abroad places unusual demands on a student that require a greater degree of adaptability, maturity, sensitivity, academic concentration and self-discipline than is usually necessary on a home campus. We would benefit greatly from your insights about this student’s traits and abilities. If the student has signed the release above, the confidentiality of your comments will be strictly maintained.

How long have you known the applicant?

In what context have you known the applicant?

Name of Applicant: \_\_\_\_\_ Student ID Number: \_\_\_\_\_

Please rate the applicant on the traits below; indicate in each box the most appropriate number for each trait according to the following scale:

U- Unknown; 1 – Poor; 2 – Fair; 3 – Good; 4 – Excellent

- |                        |                             |
|------------------------|-----------------------------|
| Academic Ability       | Linguistic Ability          |
| Adaptability           | Intellectual Curiosity      |
| Ability to Communicate | Dedication/Seriousness      |
| Ability to Cooperate   | Self-Reliance               |
| Emotional Stability    | Ability to Withstand Stress |

What is the applicant's strongest attribute?

What characteristic of the applicant might be a liability?

What is your opinion of this individual's chances for success in an Intern Abroad Program?

Considering your overall evaluation of this applicant, what is your recommendation for his or her participation in this Intern Abroad Program? (Check one.)

Do Not Recommend     Recommend w/ Reservation     Recommend     Strongly Recommend

\_\_\_\_\_  
Name of Reference: \_\_\_\_\_ Title: \_\_\_\_\_  
Signature of Reference: \_\_\_\_\_ Date: \_\_\_\_\_  
E-mail: \_\_\_\_\_ Phone: \_\_\_\_\_

**Please return this form to:**  
**Office of Global Programs Lettinga Campus**  
**Gerald Nyambane, Ph.D.**  
**Gerald.Nyambane@davenport.edu ~ 616.554.4711**



**DU STUDENT  
ASSUMPTION OF RISK AND RELEASE  
FOR INTERNING ABROAD**

I, the undersigned, have been accepted to participate in Davenport University's Intern Abroad program. I accept my participation in this program and understand that I am accountable for all program fees. I also acknowledge that an official hold may be placed on my records until all financial responsibilities are fulfilled.

The program combines classroom and out-of-classroom learning in the form of internship responsibilities and academic assignments. As the undersigned, I understand I have the opportunity to gain academic credit through participation in the program. I agree to meet all the program requirements as outlined below. I realize that if I do not sign this document, and comply with all its terms, I will not be permitted to participate in the program.

1. **PERSONAL CONDUCT** Davenport University, through its official representatives, including, but not limited to, the Director of Global Programs, internship course faculty, and college Internship Managers, has the authority to establish rules of conduct necessary for the operation of the program during the entire period of the program with which I must comply. I must also comply with the university's regulations and standards for student behavior as defined by the University Student Code. I understand the following: the illegal use of drugs and/or alcohol during the entire period of the program is strictly prohibited; should an official representative of Davenport University decide that a participant must be separated from the program because of violation of stated rules, for disruptive behavior or for any conduct that might bring the program into disrepute or its participants into legal jeopardy, that decision will be final; separation from the program will result in the loss of all academic credit for the program; persons dismissed from the program will remain responsible for program costs incurred on their behalf.
2. **LOCAL LAWS AND CUSTOMS** I agree to respect and adhere to the laws and customs of the host country and my internship site and understand that the intentional violation or disrespect for those laws and customs may result in my separation from the program as defined above. Furthermore, I acknowledge that the violation of such laws and customs may have legal ramifications with consequences beyond the control of Davenport University representatives.
3. **INSURANCE COVERAGE** I understand that I am required to purchase Davenport University sponsored insurance for the term of my participation in the Intern Abroad program and that the policy will include coverage for expenses related to sickness, injury, medical evacuation and repatriation.
4. **MEDICAL TREATMENT** I agree to disclose any existing physical, psychological and/or health concerns to the Director of Global Programs and college Internship Manager prior to departure and those concerns that may develop while I am abroad. In the event of illness or injury to me to such an extent that I am unable to make decisions relative to my immediate medical condition, I authorize any official representative of Davenport University to secure medical treatment on my behalf.
5. **THEFT AND OTHER CRIMES** I agree to release Davenport University and its official representatives from any liability for damage to or loss of my possessions, injury, illness, or death arising out of intentional or negligent acts of third parties during the period of the program.
6. **POLITICAL UNREST** I recognize that in cases of political unrest or natural disaster an official representative of Davenport University will take reasonable measures for the protection of program participants. I understand that Davenport University and its official representatives assume no responsibility for damage to or loss of property, injury or death arising out of political unrest or natural disaster.

7. **TRAVEL** I understand that I will be traveling during the program by various modes of transportation including but not limited to airplane, train, bus or van, and I release Davenport University and its official representatives from any responsibility for loss of property, injury or death during such travel.
  
8. **CANCELLATION** I understand that I will be held accountable for the entire cost of the program. In the event that I notify the Office of Global Programs and my college Internship Manager in writing of my intent to cancel my participation or withdraw for reasons beyond my control, I will remain responsible for all program costs incurred on my behalf.
  
9. **GENERAL RELEASE AND WAIVER** In consideration of participating in the Intern Abroad program offered through Davenport University I recognize and appreciate the dangers and hazards inherent in traveling are those to which I may be exposed during my participation in this program. My signature below indicates my agreement to assume all the risks and responsibilities involved during the course of this intern abroad program. Furthermore, in speaking for myself, my heirs, and my personal representatives, I agree to release any agent of Davenport University from all claims due to damage of personal property, personal injury or death which may result from my participation in this program and result from causes beyond the control of Davenport University and its agents.

I have read this release and thoroughly understand it and have asked questions if I did not understand it and my signature below indicates my complete and willful consent.

\_\_\_\_\_  
Signature of Participant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name (Please Print)

\_\_\_\_\_  
Term(s)/Semester(s) of

**Please return an original signed copy of this agreement to the  
Director, Office of Global Programs. He or she should provide a copy to the  
Regional Internship Manager (REIM).**