

# PLANT MEDICINE PROGRAM GUIDELINES FOR ELECTIVE INTERNSHIPS

---

## **Intern Duties:**

1. The Doctor of Plant Medicine (DPM) intern is required to submit a written outline of the proposed elective internship for prior approval by their supervisory committee. The outline should specify the internship site, training personnel and backgrounds, planned activities by percentage of time, and proposed credits by department.
2. An internship may involve one or more disciplines. The *Plant Medicine Elective Internship Authorization Form* should be completed; complete one for each department involved in the internship. The Supervisory Committee Chair should retain the original and copies should be given to the department and the Plant Medicine Program Director. After approval, the student should register for the internship with the appropriate department.
3. The intern will perform tasks typical of the facility/firm assigned by the local internship supervisor.
4. The intern is required to keep a log of daily activities and to submit a written report within two weeks from the end of the internship to the UF supervisory faculty. The report will contain the following information:
  - a. A general description of the facility/firm involved
  - b. A listing of training activities and their time percentages.
  - c. A comparison of crop management practices (cultural and pest management practices) observed at the internship site with those learned through University courses.
  - d. Photos illustrating internship activities.
5. The intern is required to present a seminar about the internship.

## **Local Supervisor Duties:**

1. The intern will be treated in a manner consistent with regular personnel.
2. The intern will be assigned a wide variety of activities in the operation; although it is desirable, it is not expected that an intern will have the opportunity to gain experience in all phases of the research facility/company.
3. The local supervisor is required to provide a written evaluation of the student near the end of the internship and before the grade deadline using the attached *Plant Medicine Elective Internship Evaluation Form*.
4. Since the internship is a practical learning experience, the supervisor should allocate time for informal discussions with the intern.

**Duties of Supervisory Committee/UF Faculty:**

1. Assist in identifying internship opportunities.
2. Inform and educate potential local internship supervisors of the objectives of the off-campus internships.
3. Supervise the internship through evaluation of reports by the intern and, if possible, on-site visitation by the Supervisory Committee Chair or other appropriate UF faculty.
4. Evaluate the intern's performance by assigning a grade before the semester deadline. Use the *Plant Medicine Elective Internship Evaluation Form*.

**01-07-09**

**PLANT MEDICINE ELECTIVE INTERNSHIP AUTHORIZATION FORM**

Student's Name \_\_\_\_\_ UFID \_\_\_\_\_ Date \_\_\_\_\_  
(Print)

Signature: \_\_\_\_\_

Semester / Term \_\_\_\_\_ Year \_\_\_\_\_ Course No. \_\_\_\_\_ Section / DEPT-X \_\_\_\_\_

Course Name\* (Internship Title) \_\_\_\_\_

Dates of Internship from \_\_\_\_\_ to \_\_\_\_\_ Credits \_\_\_\_\_

Internship Department/Center/Firm \_\_\_\_\_

Location \_\_\_\_\_

Name and Title of Off-Campus Supervisor: \_\_\_\_\_

(Print)

Signature: \_\_\_\_\_

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

Fax: \_\_\_\_\_

Email: \_\_\_\_\_

Name and Title of UF Internship Supervisor (If different): \_\_\_\_\_

(Print)

Signature: \_\_\_\_\_

Nature and objective(s) of internship \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Intern Duties \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Supervisory Committee

Chair Name \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

(Print)

**\*IMPORTANT:** Course should be named "Internship in \_\_\_\_\_" If it is a 6905, 6932, etc. type course, and not "Special Topics in \_\_\_\_\_" or "Special Problems in \_\_\_\_\_"

**\*\*Must be a member of UF Graduate Faculty**

<Original form to committee chair, copies to department and Dr. Bob McGovern Room 1453 Fifield Hall>

**PLANT MEDICINE ELECTIVE INTERNSHIP EVALUATION FORM**

Student's Name \_\_\_\_\_ UFID \_\_\_\_\_ Date \_\_\_\_\_

(Print)

Signature: \_\_\_\_\_

Semester / Term \_\_\_\_\_ Year \_\_\_\_\_ Course No. \_\_\_\_\_ Section / DEPT-X \_\_\_\_\_

Course Name\* (Internship Title) \_\_\_\_\_

Attendance \_\_\_\_\_ Attitude \_\_\_\_\_ Interest to learn \_\_\_\_\_

Quality of work \_\_\_\_\_ Completion of Assignments \_\_\_\_\_

Comments by Local Supervisor: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Name and Title of Local Supervisor \_\_\_\_\_

(Print)

Signature \_\_\_\_\_ Date \_\_\_\_\_

Comments by Internship Supervisor\*\* : \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

OVERALL GRADE:.....(A, B, C, or F) or (S, or U)

Name of UF Internship Supervisor (If different) \_\_\_\_\_

(Print)

Signature \_\_\_\_\_ Date \_\_\_\_\_

**\*IMPORTANT:** Course should be named "Internship in \_\_\_\_\_" If it is a 6905, 6932, etc. type course, and not "Special Topics in \_\_\_\_\_" or "Special Problems in \_\_\_\_\_"

**\*\*Must be a member of UF Graduate Faculty**

**<Original form to committee chair, copies to department and Dr. Bob McGovern Room 1453 Fifield Hall>**