TO: Prospective Participants in the Student Internship Program

FROM: William W. Johnston, Ph.D. Head
Department of Mathematics and Actuarial Science

Attached is a package of materials for the mathematics and actuarial science student internship program. Please read the requirements to make sure you are eligible for the program. Also, fill out and return Form 1 to the Head of the Department of Mathematics and Actuarial Science.

Form 2 is the sponsor application. Form 3 contains the sponsor’s acceptance/confirmation of a Butler intern. Form 4 is the internship evaluation form to be completed by the sponsor at the end of the internship.

When a student approaches a sponsor, it is the student’s obligation to provide the sponsor with a resume and to request an interview for the position. It is at the interview stage that a sponsor can accept or reject the applicant.

An internship cannot be approved until both Forms 1 and 2 have been received. Form 3 will be completed after an internship is approved. In order to complete the internship program for a letter grade, Form 4 needs to be completed and turned in to the Head of the Department of Mathematics and Actuarial Science.

The internship program is an important part of our curriculum. It has proven to be exciting for our students and it can be valuable for the sponsor as well.

If you have any questions regarding the program, please contact me:

William W. Johnston, Ph.D., Chair
Department of Mathematics and Actuarial Science
Jordan Hall 270
4600 Sunset Avenue
Indianapolis IN 46208
317.940.9521 (office)
317.940.9363 (fax)
The purpose of the internship program is to provide mathematics and actuarial science majors with realistic work experience during their junior and/or senior years. In order to obtain a better understanding of the professional environment, students will apply classroom training and theory to work situations.

Requirements

1. An internship must be arranged and approved in advance of the actual work experience.

2. A student intern will register for MA 411. Three hours of credit may be earned for an internship.

3. A formalized schedule of work-related activities should be developed by the student intern in consultation with the faculty adviser and the participating sponsor. It is the student’s responsibility to develop this schedule in order to insure an orderly procedure for participation in the program.

4. The student intern will be reviewed twice during the semester and should maintain weekly contact with the faculty adviser. The final review and summation will be performed in cooperation with the participating sponsor.

5. The student intern will prepare a final written report describing in detail the total work experience. This report should be given to the Head of the Department.

6. A final grade will be determined from reviews by the faculty adviser and the participating sponsor and from the quality of the final reports.
Mathematics and actuarial science majors must submit this application for participation in the internship program. Use a separate sheet of paper when necessary.

I Personal data:

Name
Home address
Campus address
Campus or cell phone
Cumulative grade point average
Grade point average in major
Date degree expected
Future occupational plans

II University academic program

Attach an unofficial transcript. List the mathematics courses you are taking this semester.

________________________________________
________________________________________________________________________________
________________________________________________________________________________
________________________________________________________________________________

III Extracurricular activities

________________________________________
________________________________________________________________________________
________________________________________________________________________________
________________________________________________________________________________

Membership in professional organizations

________________________________________
________________________________________________________________________________

Work-related experience

________________________________________
________________________________________________________________________________
________________________________________________________________________________

Revised May 2011
Please prepare a 250-word typewritten essay which helps a prospective sponsor understand your goals and objectives, your perspective of the internship program, and your plans for the future.
FORM 2 - SPONSOR APPLICATION

_____________________________ is interested in interviewing

(name of firm)

_____________________________ for a possible internship

(name of student)

with our organization. Our company contact who will coordinate the internship is:

_____________________________  ________________

(contact’s name)  (title)

_____________________________  ____________________

(address)  (phone)

We anticipate assigning the student intern to the following tasks:

_____________________________________________________________________

_____________________________________________________________________

We understand that student interns will gain actual work experience in the mathematics
or actuarial science fields under the guidance of a professional sponsor and that, while
gaining this experience, they will engage in meaningful and significant tasks for the
organization. Therefore, the qualifications, experience, or college courses which will
prove helpful include:

_____________________________________________________________________

_____________________________________________________________________

We recognize that, since students will be receiving academic credit for their internships,
we will monitor progress and provide, if necessary, a completed report on the activities
of the intern.

Date____________________  Contact’s signature________________________________

Title____________________
This is to confirm that ________________________________ will be (intern’s name)

placed as an intern at ________________________________ for the (firm’s name)

________________’ ________________.
 (semester)        (year)

The intern has agreed to work a ___________ hour week. The assignment with your organization will end ___________.

________________________________________
 (intern)

________________________________________
 (sponsor)

________________________________________
 (Butler University adviser)
Thank you for participating in the Mathematics and Actuarial Science Internship Program. We trust the experience has benefited both you and the student. To complete the program we ask that the student’s immediate supervisor write a letter evaluating the student’s work during the internship. This letter should rate the student’s internship performance on a scale of:

A – Superior, B – Good, C – Average, D – Below Average, F – Failure

Kindly answer the following questions below. This will be used for program assessment and accreditation purposes. Your answers below, (yes or no), will be part of the data we present to the University.

The following questions are to be answered by the internship supervisor:

1. Did the intern report for work regularly and on time? ........
2. Did he or she stay for the entire day unless dismissed? ....
3. Did he or she possess adequate spreadsheet skills? ........
4. Did he or she adjust to directions quickly? ..................
5. Did the intern show any creativity if the opportunity arose?..
6. Did he or she interact well with other employees? ........
7. Did he or she speak and write clearly? ......................
8. On a scale of 0-4, how would you rate this intern? ........
   (0=Terrible; 4=Excellent)

If you wish your evaluation of the student intern to remain confidential, please initial here __________; otherwise, it may be shown to the student intern upon his or her request.

Please complete and mail this form by _____________ to:

William W. Johnston, Ph.D., Chair
Department of Mathematics and Actuarial Science
Jordan Hall 270
Butler University
Indianapolis, IN 46208

____________________________________  
(supervisor’s signature)

____________________________________  
(date)