

# CIVIL, ARCHITECTURAL AND ENVIRONMENTAL ENGINEERING

## Experiential Learning Program and Internships

NAME: \_\_\_\_\_

As part of our goal to advance the professional preparedness of our students, the civil, architectural and environmental engineering department has developed an Experiential Learning Program in coordination with our students' professional internships. In our Vision 2020 Strategic Plan, enhancing experiential learning opportunities was listed as one of our top priorities. In this program, students on professional or academic internships or fellow programs are required to meet a set of learning objectives to gain the most from their internship.

### Learning objectives:

Identify a mentor(s) at your place of work for your internship: \_\_\_\_\_

Students shall learn about the business and practice of engineering. While on internship, students are to answer the following about their employing company or agency:

1. What is the mission and vision of the company or agency?
2. How does the employer solicit or select new projects?
3. What is the position of your employer on professional services and professional development for employees?
4. What is the performance review process of the host employer?
5. What is the workplace approach to junior employee mentoring and leadership development?

As part of the Experiential Learning Program, interns should seek a full orientation of the company, agency or business unit as applicable. Requesting opportunities to shadow your unit manager (someone above your direct supervisor) is encouraged. The department will provide a letter requesting these activities to be part of your internship experience. Upon completion, prepare a report of your internship or co-op experience and turn into the Advising Center or the Experiential Learning Program coordinator.

### Overview of report content:

1. Description of your official responsibilities and any differences from actual duties.
2. Description of concepts and elements from your CArEE curriculum you applied during your internship.
3. Summary of what you learned on your internship and not in your coursework.
4. Summary of what aspects of the internship you were not prepared for before going.
5. Suggestions for future interns with similar responsibilities or employers.
6. Conclusion and reflections of your experiential learning efforts.

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## Approval Form for Experiential Learning Program

Student Name: \_\_\_\_\_ Student #: \_\_\_\_\_

Activity Title: \_\_\_\_\_ Faculty Advisor: \_\_\_\_\_

Type of activity: *(recommended durations)*

- |  |  |
|--|--|
| <input type="checkbox"/> Undergraduate Research (2 Semesters OURE, 4099) | <input type="checkbox"/> Co-op (1 Semester, w/ EL Mentor)  |
| <input type="checkbox"/> Internship (1 Semester/Su, with EL Mentor)      | <input type="checkbox"/> Leadership Position (2 Semesters) |
| <input type="checkbox"/> Study Abroad (1 Semester)                       | <input type="checkbox"/> Service Learning (2 Semesters)    |
| <input type="checkbox"/> EWB (2 Semesters)                               | <input type="checkbox"/> Student Design Team (2 Semesters) |
| <input type="checkbox"/> Other _____                                     |  |

***The focus must be on "learning by doing" in a creative and innovative activity that generally falls outside the realm of the traditional lecture classroom experience and contributes significantly to professional and personal development.***

Define how the activity achieves the above objective. The activity should be significant and the depth of learning must be both well documented and related to career development. Reflective writing is a required part of the activity. For more information see: <http://ugs.mst.edu/experientiallearning/>

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This activity as described above has been approved. An acceptable end-of-activity reflection must be attached for this activity to qualify for experiential learning credit.

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Faculty Advisor Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Department Signature

\_\_\_\_\_  
Date

Below to be completed AFTER the activity is completed.

Was the activity completed satisfactorily? Yes \_\_\_\_\_ No \_\_\_\_\_

Approved reflection is attached. Yes \_\_\_\_\_ No \_\_\_\_\_

\_\_\_\_\_  
Activity Advisor Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Department Signature (Chair or designee)

\_\_\_\_\_  
Date

One original copy is to be kept in department.

CARE Approved 3/20/2017