HCR 490: Advanced Internship Purpose, Procedure and Agreement
Department of Public Health and Health Sciences

Purpose:
The purpose of HCR 490 is to provide a structured learning opportunity for experienced students currently working in a health care setting. To become eligible, students must first request to elect HCR 490 in place of HCR 390 (see eligibility information at www.umflint.edu/puhealth/internships). *Eligibility is only determined on a case-by-case basis.* Eligible students will develop a work related project, which 1) builds upon their experience, 2) applies knowledge acquired through coursework, and 3) benefits their work site. Students with full-time employment may request an extension to complete HCR 490 beyond the term they registered.

Procedure:
1. Complete the HCR 490 Proposed Capstone Project Application in consultation with the staff supervisor/manager at your place of employment who will be supervising your project. Submit completed application to PubHealthIntern@umflint.edu for review.

2. Once Capstone Project is approved, you must complete the Agreement below with necessary signatures and submit it to PubHealthIntern@umflint.edu so an SIS override may be entered allowing you to register for HCR 490 for the appropriate term.

3. A detailed outline of your project is required within 2 weeks following your project begin date (indicated below).

**Agreement**

The project will begin ___________________________ and end ___________________________

Project Topic ________________________________________________________________

_____________________________  ______________________________ ______________
Supervisor’s Name  Email  Phone

_____________________________  ______________________________ ______________
Student Name  Email  Phone

*By signing below I agree that all of the information included is valid and accurately outlines this project proposal:*

Student: ________________________________  Date: _____________________________

Capstone Advisor: ________________________________  Date: _____________________________

On-Site Supervisor: ________________________________  Date: _____________________________

Updated 10.28.2015