AVS 491 and/or Vets 491 - Professional Field Experience I, II - 1-18 hrs.
PR: Division Approval of Planned Program. Junior and Senior standing recommended.

Prearranged experiential learning program, to be planned, supervised, and evaluated for credit by faculty and field supervisors involves temporary placement with public or private enterprise for professional competency development.

Guidelines for Establishing and Evaluating Individual Field Experience.

Requirements

1. A maximum of 18 credit hours will be allowed in fulfilling requirements for a Bachelor’s Degree.
2. All credit earned through field experience will be applied to each degree as free electives only, unless there is a particular need to apply the credit in another manner in a particular curriculum.
3. It is recommended that this course be open to Junior and Senior students. Students should have one or more semesters to be taken on campus following the field experience.
4. Only students in good standing (C average or better) are eligible to enroll in this course.
5. Students will be graded on a pass/fail basis.
6. Before a program is finalized, a completed Memorandum of Understanding will be approved by the student, student’s advisor, cooperating site representative (“cooperator”), Division Director and Associate Dean.

Procedure

1. Students may obtain application forms from their academic/faculty advisor, for approval by student’s advisor, Division Director, and cooperator.
2. The number of credits earned will be determined by the student, the student’s advisor, and the Division Director.
3. The Memorandum of Understanding shall be approved by the student, cooperator, Division Director and Associate Dean.
4. The student will be responsible for transportation, lodging, meals, health and accident insurance, workman’s compensation and liability insurance during the field experience opportunity.

Evaluation

1. The assignment of grades will be by the student’s academic advisor. The cooperator and others may recommend evaluations.
2. A logbook will be maintained by the student and made available to the student’s academic advisor for evaluation.
3. The academic advisor or other designated representative may confer with student at least once a month at the field experience site.
4. A final written report covering the field experience will be prepared by the student and submitted to the student’s advisor and cooperator.
5. Final grades will be verified by the Division Director and forwarded to the Associate Dean’s Office.

Cooperator

Most cooperators desire to be involved in internship programs because of their interest in the professional development of prospective colleagues. These programs are to be looked upon as educational experiences and not sources of “cheap labor.” There are many important experiential learning situations that cannot be taught in a university classroom or laboratory. The cooperator becomes a teacher primarily by involving the student in meaningful experiences. Explaining both how and why something is done is in a clinical setting is a potentially valuable learning opportunity. The goal is to have positive student contributions to the overall work environment while learning “on the job” information.
DIVISION OF ANIMAL AND NUTRITIONAL SCIENCES
DAVIS COLLEGE OF AGRICULTURE, NATURAL RESOURCES AND DESIGN
WEST VIRGINIA UNIVERSITY
Field Experience Course Student Application Form
(To be returned to Academic Advisor)

Student’s Name _________________________________________________ Date _______________________________
School Address _________________________________________________ Phone ______________________________
Home Address ___________________________________________________ Phone ______________________________
Major & Option _________________________________________________ Credits Completed _______ GPA _______
Student ID#________________________________________________
Advisor’s Name_______________________________________________________________________________________

Cooperator:
Name________________________________________________________________________________________
Address______________________________________________________________________________________
Phone_______________________________________________________________________________________

Statement as to why you want to be involved in this program and what you expect to gain from it (be specific).

Financial arrangements with Cooperator (if paid by cooperator indicate amount and the amount and kind of work directly related to the pay).

Dates to be involved in program. From ____________________20____ To ____________________20____.
Indicate arrangements for days and hours to be involved and expected time off.

Attach a copy of anticipated experiences (worked out with Cooperator) – List experiences by week or activity with time involved. BE AS SPECIFIC AS POSSIBLE.
DIVISION OF ANIMAL AND NUTRITIONAL SCIENCES  
WVU DAVIS COLLEGE OF AGRICULTURE, NATURAL RESOURCES AND DESIGN  
Field Experience Course Site Approval Form

Student’s Name: ________________________________________________________________

Cooperator: Name ______________________________________________________________

Address _________________________________________________________________

Phone _________________________________________________________________

In Charge of Student’s Program: Cooperator/Designee _____________________________

Academic Advisor __________________________________________________________

Time Range Involved: __________________________________________________________

Educational Experience and Program:

____________________________________________________________________________

Expectations of Student:

Student will be expected to keep a written log of experiences gained, value of these experiences, and their importance in a program. At least one time per week the cooperator and the student should discuss each week’s activities.

This log of experiences should include details of what the student has done and the educational value of the experience. The student may contact advisers directly to confidentially discuss any issues/problems that develop, to communicate any problems or concerns.

A final report summarizing the total program will be submitted by the student. Copies of this report, when approved by the on-campus staff member, will be provided to the Division Director and the Associate Dean upon request.

Student understands and acknowledges neither WVU Board of Governors, West Virginia University, the Davis College of Agriculture, Natural Resources and Design, nor any of its employees, representatives, agents, or affiliates have nor can assume any liability for claims, losses, costs, or damages of any nature that may befall the Student during or as a result of their participation in the field experience, and the student(s) is responsible for purchasing and maintaining any and all necessary insurance coverage.

Credit and Evaluation: ___________________________ (student) will be granted _______ hours of credit under A&VS 491 or Vets 491 (circle one), upon the successful completion of the program. Grading will be on a pass/fail basis, assigned by the faculty member/adviser on-campus.

Approved:

Student ___________________________ Date ___________________________

Advisor ___________________________ Date ___________________________

Division Director ___________________________ Date ___________________________

Associate Dean ___________________________ Date ___________________________

Cooperator ___________________________ Date ___________________________
A. Evaluation of your Personal Characteristics.
Using the rating scale, evaluate your performance while involved in the program. If you felt you made noticeable improvement in any of the characteristics, since the beginning of the program, please note this in the column provided.

Rating Scale
1 = Excellent
2 = Very Good
3 = Average
4 = Fair
5 = Satisfactory

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<thead>
<tr>
<th>CHARACTERISTICS</th>
<th>RATING</th>
<th>NOTE IF IMPROVEMENT OBSERVED SINCE BEGINNING THE PROGRAM</th>
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<td>Over-all Performance</td>
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B. General Questions

1. In considering your total program what were the experience’s strong points and weak points?

2. Would you recommend a similar experience for other students who might follow you? Why or why not?

3. Did you truly feel that you were justified in receiving university credit for this experience? Why or why not?
4. Other comments:

5. Circle the number that best gives an overall evaluation of this internship.

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__________________________________________
Student’s Signature                        Date
1. In considering the student’s total program what were the observed strong points and weak points?

2. As an adviser, would you recommend a similar experience for other students? Why or why not?

3. Do you feel that the student is justified in receiving university credit for this experience? Why or why not?

4. Other comments:

5. Circle the number that best gives an overall evaluation of this internship.

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Cooperator Name _____________________________________________________________  Date________________________

A. **Evaluation of Student’s Personal Characteristics.**
Using the rating scale below, please evaluate the following characteristics for the student named above. If the student made noticeable improvement in any characteristics since the beginning of the program, please note this in the space provided.

**Rating Scale**
1 = Excellent  
2 = Very Good  
3 = Average  
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B. **General Questions**

1. In considering the total program what were the student’s strong points and weak points?

2. Would you recommend a similar experience for other students? Why or why not?

3. Do you feel that the student is justified in receiving university credit for this experience? Why or why not?
4. Other comments:

5. Circle the number that best gives an overall evaluation of this student’s internship.

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_________________________________________________________
Cooperator/Designee Signature

_______________________________________________
Position

_______________________________________________
Date

Revised 6/2021