

FLORIDA STATE COLLEGE AT JACKSONVILLE

COLLEGE CREDIT COURSE OUTLINE

COURSE NUMBER:	FIN 1943
COURSE TITLE:	Internship
PREREQUISITE(S):	None
COREQUISITE(S):	None
CREDIT HOURS:	3
CONTACT HOURS/WEEK:	Average of 13 per week, total of 195 for term
CONTACT HOUR BREAKDOWN:	
Lecture/Discussion:	
Laboratory:	
Other - On the job experience	Average of 12 (180 for term)
Internship related activities	Average of 1 (15 for term)
FACULTY WORKLOAD POINTS:	Calculated on the # of students in the internship
STANDARDIZED CLASS SIZE ALLOCATION:	Open
<p>CATALOG COURSE DESCRIPTION: The first discipline related internship provides students with meaningful work experience in a chosen career field. The course is designed to allow students to learn on the job as part of their educational program of study. (3 Credits, 195 contact hours on the job during the term with additional work/reporting required off the job site.)</p> <p>Prefix will be assigned according to student field of study/work.</p>	
SUGGESTED TEXT(S):	None
IMPLEMENTATION DATE:	Spring Term 20002
REVIEW OR MODIFICATION DATE:	Fall Term, 2002 (20031) Fall Term, 2008 (20091)- Outline Review 2007

COURSE TOPICS

CONTACT HOURS
PER TOPIC

I. Career development activities, including acquiring knowledge of personal interest, job skills, and career opportunities and writing a resume and cover letter; reporting and evaluation

15 (Minimum)

II. Discipline Related Work experience

180 (Minimum)

PROGRAM TITLE: Various

COURSE TITLE: Internship

CIP NUMBER:

LIST PERFORMANCE STANDARD ADDRESSED:

NUMBER(S): TITLES(S):

- 04.01 Follow oral and written instructions.
- 04.09 Compose reports, documentation and other appropriate material.
- 04.10 Communicate orally with personnel of various backgrounds and technical skills.
- 05.01 Demonstrate appropriate work habits.
- 06.01 Demonstrate appropriate attire and grooming for a business office.
- 08.04 Demonstrate self-motivation and responsibility to complete an assigned task/s/.
- 10.02 Demonstrate the ability to determine the proper priority for work.
- 10.04 Choose appropriate actions in situations requiring application of business ethics.
- 10.05 Choose appropriate action in situations requiring effective time management.

Other performance standards will be assigned by program manager/s/ and internship supervisor/s/ as determined by discipline and specific job/task assignments.



NOTE: Use either the Tab key or mouse click to move from field to field. The box will expand to accommodate your entry.

Section 1	
COURSE PREFIX AND NUMBER: _____	SEMESTER CREDIT HOURS (CC): _____ CONTACT HOURS (NCC): _____
COURSE TITLE: _____	

Section 2

TYPE OF COURSE: (Click on the box to check all that apply)

<input type="checkbox"/> AA Elective	<input type="checkbox"/> AS Required Professional Course	<input type="checkbox"/> College Prep
<input type="checkbox"/> AS Professional Elective	<input type="checkbox"/> AAS Required Professional Course	<input type="checkbox"/> Technical Certificate
<input type="checkbox"/> Other _____	<input type="checkbox"/> PSAV	<input type="checkbox"/> Apprenticeship
<input type="checkbox"/> General Education: (For General Education courses, you must also complete Section 3 and Section 7)		

Section 3 (If applicable)

INDICATE BELOW THE DISCIPLINE AREA FOR GENERAL EDUCATION COURSES:

<input type="checkbox"/> Communications	<input type="checkbox"/> Social & Behavioral Sciences	<input type="checkbox"/> Mathematics
<input type="checkbox"/> Natural Sciences	<input type="checkbox"/> Humanities	

Section 4

INTELLECTUAL COMPETENCIES:

<input type="checkbox"/> Reading	<input type="checkbox"/> Speaking	<input type="checkbox"/> Critical Analysis	<input type="checkbox"/> Quantitative Skills	<input type="checkbox"/> Scientific Method of Inquiry
<input type="checkbox"/> Writing	<input type="checkbox"/> Listening	<input type="checkbox"/> Information Literacy	<input type="checkbox"/> Ethical Judgment	<input type="checkbox"/> Working Collaboratively

Section 5	
LEARNING OUTCOMES	METHOD OF ASSESSMENT
•	
•	
•	
•	
•	
•	
•	
•	
•	
•	
•	

Section 6

Name of Person Completing This Form: _____ Date: _____