



**HSPM 191B: Hospitality Internship Course  
Management Level Experience 300 hours  
Dr. Kate Sullivan**

**Office - SPX 54**

**408-924-3291 or [kate.sullivan@sjsu.edu](mailto:kate.sullivan@sjsu.edu)**

Packet contains the following information and forms: 191B Requirements and Objectives, Criteria for Student Internship Report, Student Profile Sheet, Internship Agency Approval Form, SJSU Internship Insurance Agreement, and Site Supervisor Evaluation Form. All of these forms must be completed and turned in by the last day of instruction.

Deadlines to watch for in this packet:

**September 9th, 2013  
December 9<sup>th</sup>, 2013**

# **Dept. of Hospitality Management SJSU 191B INTERNSHIP**

## **Course Description:**

**HSPM 191B:** Supervised professional in-depth work experience in hospitality management for a total of 300 hours. Prerequisite: HSPM 12, HSPM 104, HSPM 105 and HSPM 191A, upper division standing and instructor approval. 300 hours

## **Course Objectives:**

These internship courses allow the student to develop exposure, understanding, and working knowledge of actual operations within the hospitality industry. The student will be able to apply theoretical and academic subject matter to this work experience, and be able to identify areas of opportunity for permanent employment upon graduation.

## **Student Learning Outcomes:**

Upon successful completion of this course, students will be able to:

1. Develop and communicate both personal and professional needs, wants and goals.
2. Develop and demonstrate effectiveness with professional marketing tools (i.e. resumes, cover letters, personal appearance, and interviewing skills).
3. Demonstrate networking and communication with peers and professionals in the hospitality profession.
4. Develop and discuss professional expectations for the future internship experience and career path.
5. Develop a systematic and individual plan for securing an internship through a series of logical steps.
6. Articulating and understanding the expectations of working in a professional hospitality environment.

## **Grading:**

Credit (CR) or No Credit (NC) will be determined by the completion of the following requirements: hours of work experience depending on level of internship, submission of internship packet, student paper and your site supervisor's evaluation form. It is imperative that all elements of the grade be satisfactory to receive credit in this course. An Incomplete grade (INC) will not be given without prior approval from Dr. Sullivan.

## **Student Rights and Responsibilities:**

<http://www.sjsu.edu/senate/s90-5.htm>

## **Academic Integrity and Department Policy:**

[http://sa.sjsu.edu/judicial\\_affairs/index.html](http://sa.sjsu.edu/judicial_affairs/index.html)

## **American with Disabilities Act:**

[http://www.drc.sjsu.edu/about/policies\\_guidelines.htm](http://www.drc.sjsu.edu/about/policies_guidelines.htm)

## INTERNSHIP REQUIREMENTS

- 1). Approved work hours in the hospitality industry must total 200 hours for 191A (2 units) and 300 hours for 191B (3 units). All 191B internships must have prior approval of the Internship Coordinator in order to be valid. **Deadline : September 9**
- 2). Students are responsible for finding their own 191A or 191B placement. However, recommendations and/or contacts may be available through your designated academic advisor, or the Internship Coordinator. In addition, opportunities can be found through our HSPM e-update, or SpartaJobs on the SJSU web site employers regularly post internship opportunities.  
<http://www.careercenter.sjsu.edu/jobsintern/jobsintern.html>
- 3). The Internship packet must be submitted to Dr. Kate on CANVAS or a hard copy for approval by September 9. **I am here to help you so contact me at anytime with questions, concerns, throughout this internship!**
- 4). At the end of your internship, the site Supervisor Evaluation Form and Student Internship Report must be submitted to Dr. Kate Sullivan no later than the last day of instruction of the registered semester. December 9<sup>th</sup>
- 5). Student must submit a typed written report of their work experience on Canvas, and their supervisor's evaluation form (hard copy, sealed in envelope and confidential) to Dr. Sullivan by the last day of instruction, **December 9<sup>th</sup>, 2013**. Your Evaluation Form should be given to you by your supervisor personally. It is important to receive verbal feedback on your performance prior to submitting your final report. This is a valuable learning experience. Late reports will not be accepted without prior approval.
  - a) Introduction: provide an accurate description of the organization where you interned. Also, provide a summary of the services/programs provided by your company/agency.
  - b) Organizational structure: include the organizational chart of your site and highlight your position within the organization. Provide a job description of your position and explain the skills you feel you have mastered during your internship and the areas of improvement needed to become successful.
  - c) Describe the project(s) you directed and/or work experience in detail and provide examples of the valuable skills acquired learned during your internship.
  - d) Describe the leadership style of your organization and your direct supervisor.(confidential)
  - e) Provide recommendations and/or new ideas that you would implement to improve overall programs, service, operations, and resources.
  - f) Based on your internship experience, what are your career goals in one and five years? Develop a plan to achieve them.
  - g) How could the Internship be improved for future students?
  - h) Report format: Cover page, headings for each section. (Proof read prior to submission)

**Note: Pebble Beach Volunteers and those enrolled in HSPM 97B may not substitute their work experience, or course for this internship requirement. These internships are intended for a structured in-depth work experience in the hospitality profession.**

**DUE September 9**

**Student Profile Sheet**

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

Status (circle): Senior    Junior    Sophomore    Freshman

Semester: \_\_\_\_\_

Phone: \_\_\_\_\_

Email address: \_\_\_\_\_

191A    191B    - Circle the internship you plan to enroll in this semester.

List 4 most recent Hospitality work experiences accumulated since you graduated from high school. Provide paid and/or volunteer work. If you have a resume, you may attach one.

Company	CITY	JOB TITLE	IMMEDIATE SUPERVISOR	PHONE NUMBER	HOW LONG

**Additional Information  
(Attach to Profile Sheet)**

1. **Assess your strengths – both professional and personal.**  
*Professional:*

*Personal:*

2. **In what areas do you believe you need further development? Include personal attributes and professional needs.**

3. **Your professional aspirations:**  
*Upon graduation:*

*Five years after graduation:*

4. **Problems that may influence Internship placement (i.e. travel restriction, international student, etc.)**
5. **Preferred internship setting (i.e. Lodging, Food Service, Event planning)**

**Internship Agency Proposal Form  
(Complete with your Internship Site Supervisor)**

**Due September 9, 2013**

**Student Name:**

\_\_\_\_\_

**Phone (cell)** \_\_\_\_\_ **Phone (evening)** \_\_\_\_\_

**E-mail:** \_\_\_\_\_

**Internship Company:**

\_\_\_\_\_

**Address:**

\_\_\_\_\_

**Start Date:** \_\_\_\_\_ **End Date:** \_\_\_\_\_

**Direct Supervisor:** \_\_\_\_\_

**Direct Supervisor's Title:** \_\_\_\_\_

**Phone:** \_\_\_\_\_ **Fax** \_\_\_\_\_

**Email address of direct supervisor:**

\_\_\_\_\_

**Student Internship Position/Title:** \_\_\_\_\_

**Is this internship a paid position (if yes, please answer below)?**

**Hourly Wage, if so, amount \$** \_\_\_\_\_

**Stipend, if so, amount \$** \_\_\_\_\_

**Scholarship, if so, amount \$** \_\_\_\_\_

**Transportation Reimbursement:** \_\_\_\_\_

**Other, explain:** \_\_\_\_\_

**Have you had SJSU interns at your site in the past? If yes, in what positions and how was the experience for your organization?**

**Students: Complete this section in consultation with your site supervisor  
(Please make a copy prior to submission)**

**Due September 9, 2013**

**Identify 4 learning outcomes expected:**

- 1.
- 2.
- 3.
- 4.

**Summary of planned activities: (List up to 10) What will you do for 300 hours?**

- 1.
- 2.
- 3.
- 4.
- 5.
- 6.
- 7.
- 8.
- 9.
- 10.

\_\_\_\_\_  
**Internship Site Supervisor's Signature**

\_\_\_\_\_  
**Print Name**

\_\_\_\_\_  
**Internship Site Direct Supervisor's Title**

\_\_\_\_\_  
**Date**

**Dr. Kate Sullivan's approval: \_\_\_\_\_ Date: \_\_\_\_\_**

**Thank you for your interest and participation in our Hospitality Internship Program. Your support and feedback will complement their academic experience and help transition them from school to their careers. Your time is greatly appreciated by all. . Please call Dr.Kate Sullivan, 191B Internship Coordinator at SJSU with any questions, or concerns, (408) 924-3201 or email [kate.sullivan@sjsu.edu](mailto:kate.sullivan@sjsu.edu)**

**Required Agreement Between SJSU/HSPM and Internship Site  
Complete Prior to Start of Internship Due September 9, 2013  
If you are being paid, no need for this form.**

**INSURANCE:**

- A. University Insurance. University shall procure and maintain in force during the term of this Agreement, at its sole cost and expense, insurance in amounts reasonably necessary to protect it against liability arising from any and all negligent acts or incidents caused by University's employees. Coverage under such professional and commercial general liability insurance shall be not less than one million dollars (\$1,000,000) for each occurrence and two million dollars (\$2,000,000) in the aggregate. Such coverage shall be obtained from a carrier rated A or better by AM Best or a qualified program of self-insurance. The University shall maintain and provide evidence of workers' compensation coverage as required by law. University shall provide **(Name your site)** upon request with evidence of the insurance or equivalent self-insurance required under this paragraph.
- B. Agency Insurance. **(Name your site)** shall procure and maintain in force during the term of this Agreement, at its sole cost and expense, insurance in amounts reasonably necessary to protect it against liability arising from any and all negligent acts or incidents caused by its employees. Coverage under such professional and commercial general liability insurance shall be not less than one million dollars (\$1,000,000) for each occurrence and three million dollars (3,000,000) in aggregate. Such coverage shall be obtained from a carrier rated A or better by AM Best or a qualified program of self-insurance. **(Name your site)** shall maintain and provide evidence of workers' compensation coverage as required by law. **(Name your site)** shall provide University upon request with evidence of the insurance required under this paragraph, which will provide for not less than thirty (30) days notice of cancellations to University. **(Name your site)** shall promptly notify University of any cancellation, reduction, or other material change in the amount or scope of any coverage required hereunder.

**INDEMNIFICATION:**

- A. University agrees to indemnify, defend and hold harmless **(Name your site)** and its affiliates, directors, trustees, officers, agents, and employees, against all claims, demands, damages, costs, expenses of whatever nature, including court costs and reasonable attorney's fees, arising out of resulting from University's sole negligence, or in proportion to the University's comparative fault.
- B. **(Name your site)** agrees to indemnify, defend, and hold harmless University and its affiliates, directors, trustees, officers, agents, and employees, against all claims, demands, damages, costs, expenses of whatever nature, including court costs and reasonable attorney's fees arising out of or resulting from **(Name your site)**'s sole negligence, or in proportion to the **(Name your site)**'s comparative fault.

\_\_\_\_\_  
Internship Site Supervisor's Signature:

\_\_\_\_\_  
Internship Site Supervisor's Title:

\_\_\_\_\_  
Site Supervisor's Name (printed)

Date: \_\_\_\_\_

**Approval on behalf of San Jose State University** \_\_\_\_\_

---

**Site Supervisor Evaluation Form DUE December 9, 2013**

**Supervisor must complete and provide feedback to student when internship is done.  
Student to submit this form with Final Report to Internship Coordinator. Report sent on  
Canvas- this form in sealed envelope to Dr. Sullivan (confidential)**

Name of Student \_\_\_\_\_

Name and Title of Supervisor: \_\_\_\_\_

Organization: \_\_\_\_\_

Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

**Please rate the student's performance during the internship using the following scale:  
1= Unsatisfactory 2=Needs Improvement 3=Average 4=Above Average 5=Excellent You  
may use .5 in your scores or .25 e.g. 3.5 or 4.75**

**1) Degree of customer service ability and professionalism:          Score: \_\_\_\_\_**

Comments:

---

---

**2) Degree of initiative and teamwork shown:                          Score: \_\_\_\_\_**

Comments:

---

---

**3) Ability to take direction and work well with others (i.e. co-workers and other  
departments):**

Score: \_\_\_\_\_

Comments:

---

---

**4) Ability to utilize constructive feedback from supervisor:          Score: \_\_\_\_\_**

Comments:

---

---

Give example: \_\_\_\_\_

**5) Knowledge and enthusiasm about this industry/profession: Score: \_\_\_\_\_**

Comments:

---

---

**6) Effective Communication Skills: Score: \_\_\_\_\_**

Comments:

---

---

**7) Achievement of Learning Outcome #1: Score: \_\_\_\_\_**

Comments:

---

---

**8) Achievement of Learning Outcome #2: Score: \_\_\_\_\_**

Comments:

---

---

**9) Achievement of Learning Outcome #3: Score: \_\_\_\_\_**

Comments:

---

---

**10) Achievement of Learning Outcome #4: Score: \_\_\_\_\_**

Comments:

---

---

**11) Overall Performance: Score: \_\_\_\_\_**

Comments:

---

---

**Would you recommend this student for employment in your organization (check)?**

- Yes
- No
- Not Certain

Comments:

---

---

Thank you for helping us educate future hospitality professionals!!

**The following verifies that:**

\_\_\_\_\_ (Student's Name) has completed \_\_\_\_\_  
hours of internship under my supervision between the dates of  
\_\_\_\_/\_\_\_\_/\_\_\_\_ and \_\_\_\_/\_\_\_\_/\_\_\_\_/ in the  
\_\_\_\_\_ (department) area of this organization.

**Direct Supervisor Signature:** \_\_\_\_\_

**Please print your name:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Supervisors! Please check if interested in other interns in the future. Please contact me.**

**My suggestion(s) to the University for improving the internship experience and program are:**