THE DAVIS COLLEGE MISSION

... is to provide an active learning environment that develops analytical and innovative business professionals for a dynamic global economy.

Our scholarship focuses on research that advances applications of theory for organizational issues, pedagogy to improve our learning culture, and discipline-based research that advances knowledge in our academic disciplines.

Radford University is one of the elite business schools in the world that has achieved Association to Advance Collegiate Schools of Business (AACSB) International accreditation status. AACSB International accreditation represents the highest standard of achievement for business schools and is the hallmark of excellence in management education.

Davis College of Business & Economics
Office of Graduate Programs
Radford University
P.O. Box 6956
Radford, VA 24142
(540) 831-6905
radfordmba@radford.edu
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The Applied Experiences conducted by past Radford MBAs have proven to be beneficial to all the stakeholders involved. By tailoring your Radford MBA through an internship or applied project, you will:

- Enhance your professional development skills.
- Increase your potential marketability upon graduation and/or visibility within your current organization.
- Witness the relevance of your MBA course experiences through knowledge and skill application in real time.
- Impact the success quotient of the organization with whom you work.
- Broaden your professional relationships with peers, faculty, and the business community.

Perhaps most importantly, you will become a part of the community of Radford MBAs who are changing the way the region does business.

**WORK BEHAVIOR**

*Characteristics of Applied Experiences: Individuals or Teams*

Whether you are doing an internship or an applied project, you are acting as a professional in the working world. Please represent the Radford MBA program with a positive and professional attitude toward your employer/client and in all other professional interactions. Additionally, be sure to keep your Graduate Faculty Advisor informed of all progress and emerging issues. Your Advisor and the Radford MBA Office are a resource if you need assistance in managing your client relationship.

*Scheduling and Timelines:*

Establishing a timeline that accommodates known conflicts, predicted peak work times, and interim and final deadlines is critical to the success of an applied experience. This tool will enable your client to provide you with the documents, material, and access you will need to succeed while keeping you on schedule. This timeline is a vital communication device of expectations for all stakeholders and will help to minimize potential conflict if used effectively. Please notify your employer/client, graduate faculty representative, and the Radford MBA office if events arise during the term that will prevent you from completing your responsibilities as scheduled.

*Unexpected Absences*

The tasks performed by students are part of a planned and scheduled initiative that is tied to credit requirements. In the event that unexpected absence from this project necessitates re-planning and rescheduling, you will need to collaborate with all stakeholders. Therefore, in case of long-term sickness or other emergency necessitating your removal, notify all parties (e.g., employer/client, project team, graduate faculty Advisor, Radford MBA office, etc.).

If you are called up for Active Duty in the military, contact your faculty advisor immediately. Then follow the guidelines for the university concerning military duty withdrawal.
Discharge or Desertion

If you leave your internship or applied project without prior approval of your Graduate Faculty Advisor, or you conduct yourself in such a manner as to cause discharge from the employer/client, you may be subject to disciplinary action and/or failure in the course, or an honor violation which could result in University discipline.

Course Work

Copies of appropriate work materials and deliverables will be provided to the Graduate Faculty Advisor and the Radford MBA Office. The grade will be assigned at the exclusive discretion of the Graduate Faculty Advisor based on the criteria mutually determined prior to the beginning of the term.

***************************************************************

From this point forward, the remaining handbook provides the forms needed to register your applied experience. There are several forms to be completed and approved before you will be officially registered for either an internship or applied project.

**FORMS & DESCRIPTIONS**

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<th>Document</th>
<th>What is it?</th>
<th>Who completes?</th>
<th>Signatures needed</th>
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| Applied Experience Request Form       | Application to clarify learning objectives, deliverables, and other expectations among stakeholders. | Student                                       | • MBA Student
|                                       |                                                                            |                                               | • Graduate Faculty Advisor
|                                       |                                                                            |                                               | • MBA Director
|                                       |                                                                            |                                               | • Dept. Chair
|                                       |                                                                            |                                               | • Davis COBE Dean |
| Learning Objectives & Evaluation Criteria | Identifies specific learning objectives and deliverables, lists course/instructor and credit hours. | Student, Client and Graduate Faculty Advisor generate the learning objectives | Graduate Faculty Advisor approves objectives when they sign Applied Projects Form (above) |
| Prospective Organization Information Form | Basic information about sponsor for contact purposes & publicity permission | Client or Student requesting an applied project | Client |
| Applied Experience Student Agreement Form | Stipulates individual expected work behavior and indemnification of client from workplace injury | Student (Required IF the student is NOT currently employed by client) | • Student
|                                       |                                                                            |                                               | • Graduate Faculty Advisor
|                                       |                                                                            |                                               | • MBA Director |
| Client Evaluation Form                | On-site evaluation of work attitudes and habits                            | Client                                        | Client |
|                                       |                                                                            |                                               |                                                             |
# APPLIED EXPERIENCE REQUEST FORM

**INSTRUCTIONS:**

1. **ATTACH** a mutually accepted proposal developed by the student and the professor of record that addresses as completely as possible each relevant criterion listed below.
   
   I. Why the special topic is being proposed?

   II. Describe in detail:
       * Anticipated learning objectives of the internship/applied project
       * Specific deliverables to be developed as related to the learning outcomes
       * Meeting dates between professor of record and student
       * Contact information for employer/client and a timeline for contact
       (Student may submit this information in narrative or use the Applied Learning form)

   III. Identify how the final products will be evaluated and how the final grade be determined
       (all applied experiences are graded A-F)

   IV. When appropriate, include a preliminary reading list and/or bibliography or specify other sources that will supplement the applied experience.

2. **Complete Special Topics and liability forms**

3. **Obtain Signatures**

4. **SUBMIT FORM TO RADFORD MBA OFFICE** (2 weeks before the semester begins)

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| PROFESSOR OF RECORD | |
|---------------------| |
|                     | |

| TITLE OF PROJECT | |
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<th>Davis COBE Dean or Assoc. Dean</th>
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LEARNING OBJECTIVES AND EVALUATION CRITERIA

Name______________________________  Course #: __________
Student ID#_______________________  Instructor: ______________

General Description of Applied Experience (2-4 sentences)


Specific Learning Objectives

1) ____________________________________________________________________

________________________________________________________________________

2) ____________________________________________________________________

________________________________________________________________________

3) ____________________________________________________________________

________________________________________________________________________

4) ____________________________________________________________________

________________________________________________________________________

5) ____________________________________________________________________

________________________________________________________________________

Project Deliverables

1) ____________________________________________________________________

________________________________________________________________________

2) ____________________________________________________________________

________________________________________________________________________
3) And/Or Job Description Attached (if available) □

1. What is the anticipated intended organizational impact of this experience?

2. Please attach an anticipated schedule including –
   - Meetings between student and faculty member
   - Meetings with the client
   - Progress milestones and completion deadlines

3. Describe how this experience will be evaluated for a final grade:
PROSPECTIVE CLIENT ORGANIZATION INFORMATION

Date: _______________

Client Organization: ________________________________

Address: _______________________________________

__________________________________________

General Phone Number: _________________________

Type of Industry: _____________________________

Contact Person’s Name: _________________________

Position: ______________________________________

Contact’s Phone Number: _______________ Email Address: _______________

Contact’s Fax Number: _________________________

Please list activities in which an individual or project team would participate:

Which semester or time period would you prefer for this project? ______________

Will this be a paid experience? _______ If yes, pay rate: _____ per _____

Other compensation: __________

Will you give permission to the Radford MBA Program to use your organization’s logo and project description in future promotional materials? YES NO

If not, would you allow us to just list your organization’s name? YES NO

Any additional comments:

Contact the Radford MBA Office with additional questions at 540.831.6905 or radfordmba@radford.edu
APPLIED EXPERIENCE STUDENT AGREEMENT

If you are NOT currently employed by the client, students need to complete all required information, and attach required documentation.

I, the undersigned student, agree to accept an applied project with the agency named below. I enter into this applied project agreement with the full knowledge that the applied project agency has committed considerable time and resources so that I can enhance my educational experience through this program. I further agree to comply with the following statements of General Understanding.

STUDENT INFORMATION
Name:_________________________________________________________________________
Academic Area: Radford University MBA
Hours of Academic Credit: __________     Credit Option A/F
Course Number: ___________________________     Semester: _________________

APPLIED PROJECT CLIENT INFORMATION
Name of Employer/Client:_____________________________________________________________________________
Period of Applied Project: ________________start ________________end
Number _______________ hours/week     Total hours: _________________
Student’s Position Title: ____________________________________________________________
Rate of Pay (if applicable): $____________ per ___________________________

INSURANCE VERIFICATION/PERSONAL INJURY STATEMENT
1. Does student have personal health insurance (individually purchased, through parents or through an employer)?  Note: Some Applied Project sites require a student to have health insurance coverage.
   ___ Yes
   ___ No, I do not have personal health insurance. I understand that any medical care, including emergency care that I might receive will be my sole expense and responsibility.
   ___ (Student Initials)

2. Radford University students who are engaged in applied projects under the teaching supervision of University faculty, whether on or off campus are protected by the state’s self-insured medical malpractice coverage or the state’s self-insured liability coverage. The student must be engaged in activities, which are in the approved course applied project/practicum. Activities outside the approved course applied project/practicum are not covered.
**Personal Injury Statement:**

I agree to indemnify and hold Radford University harmless from any and all claims of injury to myself or any other person and/or damage to any property arising from or connected with my applied experience at the Agency named below.

______________________________________ at___________________________________________________

(Position Title)               (Agency)

**GENERAL UNDERSTANDING**

Student will have the opportunity to participate in training and observation at the Agency in accordance with this agreement. Student understands and agrees to abide by all requirements, provisions, terms and conditions of the Agreement in consideration for the opportunity to participate in an applied project program at this agency.

1. **Student understands** that he/she must follow all policies and procedures specified by his/her individual college and/or program. *This includes ensuring enrollment and payment of tuition for course credit.*

2. **Student understands** that if he/she must be on the Agency's site, he/she has only the privileges allowed per the agreement with the Agency. Regular on-site attendance should be reflected in the submitted anticipated schedule.

3. **Student understands** that he/she will not publish or permit others to publish any confidential materials relative to this work, which materials have not been previously reviewed and approved for publication by both the Agency and the University.

4. **Student understands** that his or her opportunity to participate in an applied experience at the Agency is at the discretion of the University and at the ultimate discretion of the Agency, and that either—University or Agency—may, upon written notice to student and to the other party, immediately withdraw student at any time from an applied project based upon any criminal or fraudulent activity on the part of the student, perceived lack of competency on the part of the student, student’s failure to comply with the rules and policies of the University or Agency, student’s failure to comply with the terms and conditions of this Agreement, or for any reason for which either the University or Agency reasonably believes it is not in the best interest of the program for the student to continue. The student may also be subject to disciplinary action, which could result in suspension from the university in addition to failure in the course.

5. **Student understands** that tasks performed by students are part of a planned and scheduled project. Failure to make planned progress necessitates re-planning and re-scheduling of the progress expected of that student. Further, changes in the deliverables or learning objectives must be resubmitted to Graduate Faculty Advisor for endorsement of the change. A revised set of learning objectives and/or deliverables should be sent to the Radford MBA office.

6. **Student understands** that if it becomes necessary to withdraw from the applied experience for documented medical or other non-academic reasons, the student should contact his/her Graduate Faculty Advisor and the Applied Project agency. If the internship or applied project is the student’s only credit, the student should also contact the College of Graduate
and Professional Studies. Students who must withdraw or who leave without prior approval will be subject to the university policies regarding course and university withdrawals.

7. **Student understands** that in the event that he/she is receiving financial compensation for this work, it is understood that during the period of the internship or project, the student is to give primary concern to the accomplishment of applied project objectives and secondary concern to his/her status as a paid worker.

8. **Student understands** that there may be professional fees associated with the applied experience and that the student will be informed of those fees by the Agency prior to the confirmation of the internship or applied project.

9. **Student understands** that this agreement is not to be construed as an employment contract or promise of future employment.

Radford University does not discriminate with regard to race, color, sex, sexual orientation, disability, age, veteran status, national origin, religion or political affiliation in the administration of its education programs, activities, admission or employment practices. Inquiries about this policy may be directed to the Director of Personnel/Equal Opportunity Employment at 704 Clement Street. Telephone: voice (540) 831-5421; hearing impaired (540) 831-5128. Applied Project Agencies are required to sign a statement certifying that their organization is also an equal opportunity employer.

**IN WITNESS WHEREOF, I have caused the AGREEMENT to be duly executed, intending to be bound thereby:**

Student: _______________________________          Date_____________________________

Signature of Student

Reviewed by: _______________________________          Date_____________________________

Graduate Faculty Advisor

Reviewed by: _______________________________          Date:_____________________________

MBA Director
**STUDENT EVALUATION FORM**

We appreciate the assigned supervisor taking the time to complete this evaluation. Please mail or fax the evaluation to:

**Radford MBA Office**
- P.O. Box 6956
- Radford, VA 24142
- Phone: (540) 831-6905
- Fax: (540) 831-6103

Student Name: _______________________________
Dates of Project: _____________________________

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If you had an appropriate position available, would you hire this individual?  
Yes  No

Additional Comments:

_________________________________________  
Supervisor’s Signature

______________________________  
Date