Course Description: Planned experience in a hotel, restaurant, foodservice, or healthcare operation; minimum of 200 hours exclusive of course work.

Course Number and Title: HM 275
Credit Hours: 1
Semesters Offered: Fall, Spring, Summer
Instructor: Academic Advisor
Prerequisites: Consent of advisor; HM 120; Sophomore Standing, 30 hours or more

COURSE OBJECTIVES
- Provide practical on-the-job experience that will enable the student to use the skills, aptitude and knowledge gained in an academic setting.
- Expose students to general operating process and systems in a hospitality setting.
- Develop an understanding of how different department function.
- Communicate orally and in writing.

HM MISSION STATEMENT
The Hospitality Management Department at Kansas State University will be an internationally recognized program; committed to preparing the next generation of hospitality leaders for a successful career in industry or academia by delivering a transformational educational experience through experiential learning, professionalism, international experiences, and strong partnerships with hospitality industry.

HM PROGRAM OBJECTIVES
Graduates of the Hospitality Management Program will demonstrate:
- The knowledge to manage the professional preparation, presentation, and service of quality food.
- The knowledge to manage and evaluate functional systems in lodging operations.
- The ability to integrate human, financial, and physical resource management into foodservice and lodging operations.
- The ability to develop, examine, question, and explore perspectives or alternatives to problems in hospitality operations.
- The ability to use professional written and oral communication skills and technology to successfully communicate.
- Demonstrate awareness, understanding, and skills necessary to live and work in a diverse world.
- Recognize the importance of lifelong learning and identify and apply appropriate resources utilizing trends associated with the economical, social, technological, political and ecological environments.
- Practice professional ethics, provide leadership, demonstrate personal and global responsibility and work effectively as a team member.

University Controls

UNIVERSITY SAFETY
Kansas State University is committed to providing a safe teaching and learning environment for student and faculty members. In order to enhance your safety in the unlikely case of a campus emergency make sure that you know where and how to quickly exit your classroom and how to follow any emergency directives.
To view additional campus emergency information go to the University's main page, www.kstate.edu, and click on the Emergency Information button.

**ACCOMMODATIONS FOR STUDENTS WITH DISABILITIES**
Any student with a disability who needs a classroom accommodation, access to technology or other academic assistance in this course should contact Disability Support Services (dss@k-state.edu) and/or the instructor. DSS serves students with a wide range of disabilities including, but not limited to, physical disabilities, sensory impairments, learning disabilities, attention deficit disorder, depression, and anxiety.

**UNDERGRADUATE HONOR SYSTEM**
Kansas State University has an Honor System based on personal integrity, which is presumed to be sufficient assurance that, in academic matters, one’s work is performed honestly and without unauthorized assistance. Undergraduate and graduate students, by registration, acknowledge the jurisdiction of the Honor System. The policies and procedures of the Honor System apply to all full and part-time students enrolled in undergraduate and graduate courses on-campus, off-campus, and via distance learning. The honor system website can be reach via the following URL: [www.ksu.edu/honor](http://www.ksu.edu/honor).

A component vital to the Honor System is the inclusion of the Honor Pledge which applies to all assignments, examinations, or other course work undertaken by students. The Honor Pledge is implied, whether or not it is stated: ‘On my honor, as a student, I have neither given nor received unauthorized aid on this academic work.’ A grade of XF can result from a breach of academic honesty. The F indicates failure in the course; the X indicates the reason is an Honor Pledge violation.

**Course Controls**

**STUDENT RESPONSIBILITIES**
1. The student will work for a hospitality-related business for a minimum of 200 hours.

2. The student is highly encouraged to inform the supervisor or general manager that they are using their position for work experience hours.

3. Students are expected to put forth their best effort in their chosen position.

4. At the completion of the work experience, the student should submit the attached Work Experience Verification Form to their academic advisor.

5. Submit a computer generated two-page report about the work experience to your academic advisor. Include the following:
   a. Identify location and position held
   b. What did you learn? How will you use this new knowledge in future work experiences?
   c. How did you utilize your strengths throughout the work experience?
   d. What weaknesses did you discover about yourself? What plan of action will you put in place to counteract these weaknesses?
   e. Would you recommend this site to another seeking work experience?

**CRITERIA FOR AN WORK EXPERIENCE SITE SELECTION & COURSE ENROLLMENT**
Work experiences are to be completed in a hospitality setting and must be approved by the students’ advisor prior to commencing work within the operation. The attached form should be completed by the student and submitted to the advisor before the advisor will grant the student permission to enroll in the course.

**GRADES**
Credit/No-Credit. Students will receive an incomplete until all assignments are completed.

**This form should be completed and returned to your academic advisor before permission will be given to enroll.**

Date: __________________________________________

Student Name: _______________________________________________________________________________

Property Name: _______________________________________________________________________________

Property Location: _______________________________________________________________________________

Position: _____________________________________________________________________________________________

Starting Date: ______________________________ Ending Date: ______________________________________

Brief Description of Duties: ______________________________________________________________________
_____________________________________________________________________________________________________
_____________________________________________________________________________________________________

Students Direct Supervisor/Title: _________________________________________________________________

Property Phone Number: __________________________ Fax Number: _________________________________

Student Signature: __________________________________________________ Date: ______________________

KSU Faculty Advisor: ______________________________________________ Date: ______________________

KSU Faculty Advisor: ______________________________________________
**The top portion of this form should be completed by the student. The student’s supervisor shall complete, sign, and date the form in the shaded area at the completion of 200 hours**

Date: _______________________________   WID: _______________________________

Student Name: ____________________________________________________________________________

Property Name: ____________________________________________________________________________

Property Location: ____________________________________________________________________________

Position: ____________________________________________________________________________________

Starting Date: _______________________________  

To be completed by the Student’s Supervisor

Please complete the following information or attach your business card:

Students Direct Supervisor: ____________________________________________________________________________

Title: ________________________________________________________________________________________

Address: ________________________________________________________________________________________

Phone Number: ________________________________________________________________________________

I certify that the student has satisfactorily completed a minimum of 200 hours in the position described above under my supervision.

Comments about the student’s performance (if desired):