

REQUEST FOR APPROVAL OF INTERNSHIP FOR ACADEMIC CREDIT

Objectives of the Internship Program: The program is intended to enable students to obtain practical educational experience which will complement and enhance the traditional educational process. The experience should also aid the student in the exploration of potential career opportunities and assist the student in clarifying his/her personal and educational goals.

Obligations of the student:

1. Complete this form in its entirety. Student will need to work with internship supervisor to fill out accurately.
2. Demonstrate to the faculty sponsor that the student has adequate background to permit successful completion of the project.
3. Actively participate in the field experience to a degree commensurate with the unit credit requested.
4. Fulfill all contractual obligations agreed upon with the faculty sponsor and faculty advisor, including submission of required written work.

Obligations of the faculty sponsor:

1. Possess expertise in the area of the proposed internship including familiarity with the potential of the actual field experience.
2. Critically review the student's proposed program with special attention to the adequacy of the student's background and to the question of the enrichment of the student's academic program by the internship.
3. Evaluate the intern primarily on the basis of written work which should fully demonstrate the intellectual value of the experience.

Student: _____ **ID#:** _____ **Date:** _____

Email: _____ **Major:** _____ **Current Quarter:** _____

Have you completed a total of 84 units or more: ☐ Yes (register for 192) ☐ No (register for 092)

Course Identification:

Subject: _____ **Type Variable Units:**
☐ EBS ☐ ABT ☐ 199 ☐ 198 ☐ 197T ☐ 099 ☐ 098 ☐ 097T

Units: _____ **Quarter:** _____ **Year:** _____

3 - 5 hours per week = 1 unit
6 - 8 hours per week = 2 units
9 - 11 hours per week = 3 units
At least 12 hours per week = 4

ATTENTION STUDENT: This form must be completed and signed prior to beginning your internship!

It is your responsibility to fill out your portion of this form before taking it to your faculty sponsor. Once the sponsor has completed the form, please return to the Undergraduate Advisor in 2038 Bainer Hall or to BAEadvising@ucdavis.edu. A CRN will then be issued.

This form is due by the 10th day of instruction of the quarter credit is being sought.

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Organization at which Internship is Located: _____

Address: _____ Phone: _____

Internship Supervisor's Name: _____ Email: _____

Title of the Project: _____

Summary Description of the Project:

Relationship of the Internship to the Student's Educational Program and Objectives:

Student's Background Pertinent to the Proposed Internship:

Detailed Outline of the Proposed Internship (Attach additional pages as necessary)

Title: _____ Hours Per Week: _____

Objectives:

Procedures and/or Duties:

TO BE COMPLETED BY THE FACULTY SPONSOR

Evaluation of the Student's Proposal and Background Preparation:

Sponsor's Description of the Written Work Required of the Student for Successful Completion of the Internship:

Sponsor's Additional Requirements for Successful Completion of the Internship:

I have read and agree to the above terms of this Internship.

Faculty Sponsor's Signature Date

Faculty Sponsor's Printed Name

Student's Signature Date

Department Chair's Signature Date

FOR BAE ADVISING USE ONLY

Department chairperson to retain form in departmental files for two years from beginning of current term for possible review by the appropriate college courses committee and the Senate Committee on Courses of Instruction.

☐ Issued CRN: Staff Initials _____ Date _____

☐ Issued PTA: Staff Initials _____ Date _____

Comments:

☐ Registrar's Change form or Retro for Required