

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.

Date _____

EME 92 _____ 192 _____ Units Requested _____ Quarter _____

Name of Student _____

3 - 5 hours per week = 1 unit
6 - 8 hours per week = 2 units
9 - 11 hours per week = 3 units
12 - 14 hours per week = 4 units

Student ID Number _____ E-mail _____

Major _____

Units Completed Toward Degree _____ (At least 84 units of credit must have been completed in order to enroll in 192.)

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 2132 Bainer Hall. A CRN will then be issued. **This form is due by the 10th day of class of the quarter.**

Organization at which Internship is Located _____

Address _____ Phone _____

Internship Supervisor's Name _____

Title and 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 _____

Objectives _____
