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
________________________________________________________________________________

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.
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.

Student’s Signature Date

_____________________________________________________________  _____________________________________________________________
Faculty Sponsor’s Signature Date Faculty Sponsor’s Printed Name

I have reviewed the above request and approve of the terms and design of the Internship.

____________________________________________________________
Faculty Advisor Date

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. 

Davis Division Regulation 532.