

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.

EMS 192

Date _____

Units Requested: _____

Quarter /Year: _____ / _____

Name of Student: _____

Student ID Number: _____

E-mail: _____

Major _____

Hours Per Week

3 – 5 hours = 1 unit

6 – 8 hours = 2 units

9 – 11 hours = 3 units

12 – 14 hours = 4 units

Units Completed Toward Degree _____

(At least 84 units of credit must have been completed to enroll in ECH 192.)

ATTENTION: It is the student's responsibility to fill out their portion of this form before taking it to the faculty sponsor. Once the sponsor has completed the form, please submit to the Undergraduate Advisor in 3001 Ghausi Hall. The Undergraduate Advisor will submit to the Department Chair for review and final approval. Once approved a Course Registration Number will then be issued.

This form is due by the 10th day of class of the quarter.

Organization at which Internship is Located: _____

Position Title: _____

Summary Description of 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)

TO BE COMPLETED BY THE FACULTY SPONSOR

Evaluation of the Student's Proposal and Background Preparation:

The student's previous course work has prepared them to be successful in the internship.

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

1. A written four to ten page report detailing the engineering aspects of their internship projects. Figures and graphs may be included. The report will use 1.5 line spacing, 1" margins, 12 Times font. No intellectual property should be contained in the report. For example, Cell A, B, and C were compared.
2. A written (email) evaluation of the student's performance in the internship from the student's supervisor that includes a short summary of projects worked on by the student, number weeks for the internship, and average number of hours per week.

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.

Department Chair

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.

CRN: _____ PTA (If required): _____ Issued by: _____ Date: _____