

REQUEST FOR APPROVAL OF INTERNSHIP CREDIT (E Version)

AHI, ART, CDM 192

Student: Complete this form and email to your instructor for an electronic signature.
Email this completed form to artoffice@ucdavis.edu, and you will receive a CRN to enroll via email.

Objectives of the Internship Program: Enable students to obtain learning experience which will complement and extend the traditional educational process. The experience should also aid the student in exploration of potential career opportunities and assist the student in clarifying his/her personal and educational goals.

Obligations of the student:

1. Have completed a minimum of 84 units of course work to request faculty sponsorship of internship units.
2. Submit a detailed outline of the proposed program including a statement of objectives and an explanation of the internship to the student's total academic program.
3. Demonstrate to the faculty that the student has adequate background to permit successful completion of the project.
4. Actively participate in the field experience to a degree commensurate with the unit credit requested.
5. Fulfill all contractual obligations agreed upon with the faculty sponsor and maser adviser, including submission of required written work.
6. Provide a copy of your completed 192 form to the Internship and Career Center.

Enrollment Reminder

Once this form is completed, you must request a CRN number from the Advising Office in 101/105 Art and add this course via SISWEB. Just completing and turning in this form will not add the course to your schedule.

Transcript Notification

Completion of transcript notation requirements assists the Internship and Career Center in assuring the quality of its offering and provides the students with a descriptive listing of his/her internship on their transcript.

Student Name: _____ Major: _____

ID Number: _____ E-Mail: _____ Phone: _____

GPA: _____ Units Completed to Date: _____

Units Desired for Internship _____ Quarter/Year: _____

Faculty Mentor: _____

Organization at which internship is located _____

Address _____ City _____ State _____

Field Supervisor's Name _____

Phone _____

TO BE COMPLETED BY STUDENT:

Title and summary description of project:

Relationship of the internship to the student's educational program and objectives:

TO BE COMPLETED BY FACULTY SPONSOR:

Evaluation of the student's background and preparation:

Written work required and additional requirements of the student for successful completion for the internship:

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

Instructor's E-Signature and

Date

CRN: _____

PTA: _____

Issued: _____