DES 192 INTERNSHIP APPLICATION INSTRUCTIONS

Paperwork must be completed and CRN obtained by 12th day of instruction, the last day to add courses.

OBJECTIVES OF DESIGN INTERNSHIP CREDIT:

Encourage students to obtain applied learning experience, which will complement and enhance the traditional educational process. The experience should aid the student in the exploration of potential career opportunities and assist in clarifying the student’s personal and educational goals.

TO OBTAIN ACADEMIC CREDIT (UNITS) FOR AN INTERNSHIP YOU MUST HAVE COMPLETED 84 UNITS OF COURSEWORK. If you have not yet completed 84 units, you will not receive credit for DES 192.

Instructions to register for DESIGN 192 Internship:

1. Find a position with a business/company/organization (may be paid or volunteer) where you will have hands-on design work and will be supervised by an art or a creative director (front desk/answering phones experience while valuable, will not get academic credit.)

2. Ask a DESIGN faculty member or lecturer with experience in the area of the proposed internship to sponsor you (note: the faculty member or lecturer can only sponsor a limited number of internships per quarter so ask early). In order to sponsor you, instructors will typically want you to have previously taken a class with them.

3. Fill out the attached paperwork. Obtain signatures from the DES faculty or lecturer serving as your “faculty sponsor” and from your internship supervisor.

4. Send a copy to artoffice@ucdavis.edu before the 12th day of the quarter. Send a copy to the “faculty sponsor” and retain a copy for your records.

5. You will receive an email with the CRN needed to register for DES 192 units on Schedule Builder. After registering, you will need to go to “Change Variable Units” to input the number of units you and your internship supervisor and faculty sponsor have agreed upon. The system defaults to 1 unit. Confirm that the course is listed on your schedule and that you are registered for the correct number of units.

Number of units is determined by the number of hours you work. Typically, 30 hours of work during the course of a quarter equals 1 unit (or 3 hours per week); 60 hours equals 2 units and so on. Design students may receive up to 12 units per quarter. All students may use a maximum of 12 units of internship credit towards the 180 units needed to graduate.

At the end of the quarter, fill out the evaluation form (at the end of this instruction sheet) with your internship supervisor and return it, with your written documentation (journal, paper, etc.) to your faculty sponsor by the last day of instruction.

Revised 4/7/22
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REQUEST FOR APPROVAL OF INTERNSHIP FOR ACADEMIC CREDIT

OBLIGATIONS OF THE STUDENT
1. Submit a detailed outline of the proposed program including a statement of objectives and an explanation of the value of the internship to the student’s total academic program.
2. Demonstrate to the faculty sponsor that you have adequate background to successfully complete this internship.
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 department chairperson, including submission of required written work.
5. Meet with faculty sponsor at least three times during the quarter.

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.
4. Meet with student at least three times during the quarter.

Student ID
Number____________________________________Date____________________________

Name of
Student________________________________Major_________________________________

Phone____________________________ E-mail______________________________________

Units completed toward degree______ (At least 84 units must have been completed in order to enroll in 192)

Units requested for the proposed internship_________Quarter/Year________________
(30 hours of work per quarter, or 3 hours per week, at the internship site = 1 unit)

A maximum of 12 units of DES 192 may be counted toward the 180 units needed for graduation. Please list previous DES 192 units completed:

| Total units of DES 192 already completed________________________|
List other previous or current internships (Location, quarter taken, site supervisor name and faculty sponsor name)

_________________________________________________________________________________
_________________________________________________________________________________

TO BE COMPLETED BY THE STUDENT
List classes and background experiences that relate to this internship
_________________________________________________________________________________
_________________________________________________________________________________
_________________________________________________________________________________

*Student’s signature required on next page

TO BE COMPLETED BY THE STUDENT AND THE INTERNSHIP SUPERVISOR

Name of the Organization:_____________________________________________________________
Address:_________________________________________________City_______________________
State/Country_____________________________________
Phone#___________________________

Detailed outline of the proposed internship (attach additional pages as necessary):
Objectives________________________________________________________________________
_________________________________________________________________________________
_________________________________________________________________________________
_________________________________________________________________________________

Procedures and techniques the student will experience during the internship
_________________________________________________________________________________
_________________________________________________________________________________
_________________________________________________________________________________

*Internship Supervisor’s signature required on the next page
TO BE COMPLETED BY THE FACULTY SPONSOR
*Faculty sponsor’s description of the written work and/or other requirements of the student for successful completion of the internship.
_________________________________________________________________________________
_________________________________________________________________________________
_________________________________________________________________________________
_________________________________________________________________________________
_________________________________________________________________________________
_________________________________________________________________________________
_________________________________________________________________________________

*Faculty Sponsor’s signature required below

Please sign here:

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

Student’s Name (print)____________________________________________________________________
  Student’s Signature____________________________________________________________________

Internship Supervisor’s Name (print)____________________________________________________________________
  Internship Supervisor’s Signature____________________________________________________________________

Faculty Sponsor’s Name (print)____________________________________________________________________
  Faculty Sponsor’s Signature____________________________________________________________________
UC DAVIS DEPARTMENT OF DESIGN

INTERNERSHIP SUPERVISOR/EMPLOYER EVALUATION
(Submit to faculty sponsor before the last day of instruction)

STUDENT COMPLETES:

StudentName__________________________________________________________

Email________________________________________________________________________

Student ID

Number________________________Major____________________________________

Internship Supervisor’s

Name_________________________________________________________

Name of

Organization___________________________________________________________

Address__________________________________City__________________State____________

COUNTRY (if outside United States)

___________________________________________________

Email________________________________________________________________________

Phone_________________________________________________________________________

Faculty

Sponsor______________________________________________________________

INTERNSHIP SUPERVISOR COMPLETES WITH STUDENT:

Please assign the rating you consider appropriate using the following scale:
above average – 3 average – 2 needs improvement – 1

1. How do you rate the intern’s qualifications for undertaking and completing the
   internship? _____ 3 2 1
   Comments:__________________________________________________________________
   __________________________________________________________________________
   __________________________________________________________________________

2. What degree of interest and initiative did the intern display? ___________________ 3 2 1
   Comments:__________________________________________________________________
   __________________________________________________________________________
   __________________________________________________________________________

3. How do you rate change in the intern’s competence (written and verbal communication,
   analysis, observation, laboratory skills, etc.)? ______________________________   3 2 1
4. How do you rate the intern’s technical ability? ______________________________ 3 2 1
Comments:__________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________

5. How do you rate the intern’s working relationship with co-workers? _____________ 3 2 1
Comments:__________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________

6. The intern’s attendance record was: ______________________________________ 3 2 1
Comments:__________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________

7. How well did the intern meet your expectations? _____________________________ 3 2 1
Comments:__________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________

8. How would you rate the intern’s overall performance? ________________________ 3 2 1
Comments:__________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________

9. Would you hire and/or recommend this intern for employment in your organization?
_____Yes _____No

Additional Comments:

Do you need another intern next quarter? ______Yes ______No

Internship Supervisor’s Signature
____________________________________________________________________________

Student’s Signature
____________________________________________________________________________

[Reminder: Before the last day of instruction, return this evaluation with your written assignment to your faculty sponsor].