

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. 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 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 department chairperson, including submission of required written work.
5. Meet with faculty supervisor three times during the quarter.

Obligations to 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 as 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 three times during the quarter.

Department \_\_\_\_\_ Date \_\_\_\_\_

Name of Student \_\_\_\_\_ Major \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

Student ID Number \_\_\_\_\_ College \_\_\_\_\_

Units requested for the proposed internship \_\_\_\_\_ Quarter \_\_\_\_\_  
(30 hours of work per quarter at the internship site = 1 unit)

Total units of 192 already completed \_\_\_\_\_ (A maximum of 12 units of 192 may be counted toward the 192 units needed for graduation.)

Units completed toward the degree \_\_\_\_\_ (At least 84 units of credit must have been completed in order to enroll in 192.)

Organization at which internship is located \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

Field Supervisor's Name \_\_\_\_\_

Faculty Sponsor's Name \_\_\_\_\_

**\*\*MAKE TWO COPIES OF THIS FORM BEFORE RETURNING\*\***

TO BE COMPLETED BY THE STUDENT AND THE INTERNSHIP SUPERVISOR:

Detailed outline of the proposed internship (attach additional pages as necessary);

Objectives:

Procedures and techniques the student will experience during the internship:

TO BE COMPLETED BY THE STUDENT

List classes and background experiences that relate to this internship:

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:

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

Student's Signature

Date

Faculty Sponsor's Signature

Date

Internship Supervisor's Signature

Date

DEPARTMENT OF ENVIRONMENTAL DESIGN  
SUPERVISOR/EMPLOYER EVALUATION

STUDENT COMPLETES:

STUDENT NAME \_\_\_\_\_  
ADDRESS \_\_\_\_\_ ZIP \_\_\_\_\_  
STUDENT ID NUMBER \_\_\_\_\_ MAJOR \_\_\_\_\_

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FIELD SUPERVISOR  
ORGANIZATION \_\_\_\_\_  
ADDRESS \_\_\_\_\_ ZIP \_\_\_\_\_

\*\*\*\*\*

FACULTY SPONSOR \_\_\_\_\_

FIELD 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  
Comment: \_\_\_\_\_
2. What degree of interest and initiative did the intern display? 3 2 1  
Comment: \_\_\_\_\_
3. How do you rate change in the intern's competence (written and verbal communication, analysis, observation, laboratory skills, etc.)? 3 2 1  
Comment: \_\_\_\_\_
4. How do you rate the inter's technical ability? 3 2 1  
Comment: \_\_\_\_\_
5. How do you rate the intern's working relationship with co-workers? 3 2 1  
Comment: \_\_\_\_\_
6. The intern's attendance record was: 3 2 1  
Comment: \_\_\_\_\_
7. How well did the intern meet your expectations? 3 2 1  
Comment: \_\_\_\_\_
8. How would you rate the intern's overall performance? 3 2 1  
Comment: \_\_\_\_\_
9. Would you hire and/or recommend this intern for employment in your organization?

\_\_\_ Yes \_\_\_ No

ADDITIONAL COMMENTS (Use reverse and/or extra sheets as necessary)

Do you need another intern next quarter? \_\_\_ Yes \_\_\_ No

Supervisor's Signature \_\_\_\_\_ Title \_\_\_\_\_

Student's Signature \_\_\_\_\_ Date \_\_\_\_\_

STUDENT: RETURN THIS FORM WITH YOUR WRITTEN ASSIGNMENT TO YOUR FACULTY SPONSOR AT THE END OF THE QUARTER, BUT BEFORE THE LAST DAY OF THE QUARTER.