

Request for Approval of Internship for Academic Credit

Department of Plant Sciences

Please return the completed form to the Plant Sciences Advising Office (1220 PES) prior to the 10th day of instruction. You will receive an email containing your unique CRN number and instructions detailing the course registration process. If you have not received your CRN number by the 10th day of instruction, please contact the advising office.

*****This form can only be authorized by a UC Davis faculty member. Graduate students, supervisors and extension specialists are not eligible to approve internships for academic credit.*****

Student Information

Full Name: _____
.Last *First*

Email: _____ Phone: _____

Student ID: _____ Major _____

Academic Status: Underclassman Upperclassman
(Less than 84 academic units completed) *(More than 84 academic units completed)*

**Please note that only upperclassman students can enroll in a 192 or 199 course*

Internship Information

Quarter Requesting Units		
<input type="checkbox"/> Fall _____ <i>(year)</i>	<input type="checkbox"/> Winter _____ <i>(year)</i>	<input type="checkbox"/> Spring _____ <i>(year)</i>
<input type="checkbox"/> Summer Session I _____ <i>(year)</i>	<input type="checkbox"/> Summer Session II _____ <i>(year)</i>	

Units Requested	Subject Area	Course Number
<input type="checkbox"/> 1 unit = 3 hours per week or 30 hours per quarter	<input type="checkbox"/> PLS	<input type="checkbox"/> 92
<input type="checkbox"/> 2 units = 6 hours per week or 60 hours per quarter	<input type="checkbox"/> BIT	<input type="checkbox"/> 99 <input type="checkbox"/> 189L*
<input type="checkbox"/> 3 units = 9 hours per week or 90 hours per quarter	<input type="checkbox"/> IAD	<input type="checkbox"/> 192 <input type="checkbox"/> 194H*
<input type="checkbox"/> 4 units = 12 hours per week or 120 hours per quarter		<input type="checkbox"/> 199

**For students pursuing an honors thesis*

Organization Hosting Internship: _____
(Example: UC Davis Student Farm)

Did you complete your internship on the UC Davis campus? Yes No

Organization's Address: _____ Organization's Phone: _____

Supervisor's Name: _____ Supervisor's Email: _____

Internship Summary

Describe the internship program. What are your roles and responsibilities?

How does this internship help you achieve your academic goals?

Faculty Authorization

(This section must be completed by UC Davis faculty member)

Requirements: Additional Research Lab Notebook Journal or Log Final Paper

Additional commentary on student's level of preparedness, internship qualifications or requirements:

I certify that the student named above has met the internship requirements.

Faculty Member's Signature Faculty Member's Printed Name Date

For Biotechnology Majors ONLY

Biotechnology students intending to satisfy the 'Internship or independent research' major requirement must have the additional authorization of their emphasis-specific faculty adviser. For more information about who your emphasis advisor is/contacting them, please visit <http://biotechmajor.ucdavis.edu/advising/>.

I certify that the student named above has is adequately prepared for the internship, and will develop skills and experiences related to their intended area of study.

Faculty Adviser's Signature Faculty Adviser's Printed Name Date

For Office Use Only

CRN:	_____
PTA:	_____
Issued:	_____