

Request for Approval of Internship for Academic Credit

Dept. 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 (Less than 84 academic units completed) ☐ Upperclassman (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 _____ (year)	<input type="checkbox"/> Winter _____ (year)	<input type="checkbox"/> Spring _____ (year)
<input type="checkbox"/> Summer Session I _____ (year)	<input type="checkbox"/> Summer Session II _____ (year)	

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 Biotech and EHUF Majors

Students intending to satisfy the 'Internship or independent research' upper division major requirement must have the additional authorization of their faculty or master advisor. **EHUF majors** - please contact master advisor Truman Young, tpyoung@ucdavis.edu. **Biotechnology majors** - please contact your emphasis specific faculty advisor. To find your emphasis specific advisor, 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 Advisor's Signature Faculty Advisor's Printed Name Date

For Office Use Only

CRN: _____
PTA: _____
Issued: _____