

Request for Approval of Internship
For Academic Credit
(Course 192)

Objectives of the internship program: Enable students to obtain applied learning experience which will complement and extend 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 education goals. All internships must be approved prior to the assignments of units for the internship.

International Students: Please fill out this FST 192 Internship Form before applying for Curricular Practical Training (CPT) in iGlobal. Follow the instructions for CPT requests at <https://sis.ucdavis.edu/apply-for-cpt>.

Prior to the internship:

1. Contact the Undergraduate Advisor and Lead Faculty Advisor **prior** to taking the internship.
2. Provide the Lead Faculty Advisor with a written description of the internship including duties, weekly time commitment, and how this experience is related to the study of food science.

After the internship:

1. Provide a letter from your supervisor indicating completion of the internship and performance review.
2. Write a 1-2 page reflection paper describing what you learned and how it enhanced your understanding of food science. Please include any highlights or drawbacks of the experience and if you would recommend this internship opportunity to other FS&T students in the future.

Students must have completed 90 units to be eligible for FST 192 credit. Students receive 1 unit for every 30 hours completed. Up to 6 units for 192 can be used toward the Food Science Degree. Limit 5 units per quarter. Graded P/NP only.

Course Subject Code: FST 192 Units Requested (1-5): _____ Quarter and Year: _____

Students Information

Student Name: _____ Student ID: _____

Student E-mail Address: _____

What will be your class standing at the beginning of the internship? Junior Senior

How many 192 internship units have you completed in Food Science? _____

What is the total number of Internship units (92/192) you have completed at UCD? _____

Employer Information

Company/Organization Name: _____

Internship Site Address: _____

Supervisor Name: _____ Supervisor Phone #: _____

Supervisor E-mail: _____

Please tell us more about your proposed internship

1. Internship Start Date: _____

2. Internship End Date: _____

3. How many hours will you commit to the internship per week? _____

4. Describe your internship duties and responsibilities.

5. Describe your learning objectives for this internship and explain how these objectives are related to your academic and career goals.

6. Have you completed an internship with this company before? Yes _____ No _____

If you selected 'No', please skip Questions 7-9.

7. If this is a second internship at the same facility, please describe how this internship differs significantly from the first internship. Be specific in terms of the new learnings that will take place.

Signature of Faculty Sponsor

Date

Print Name of Faculty Sponsor

Return completed form to fstadvising@ucdavis.edu to receive a Course Registration Number (CRN). Forms should be submitted before the last day to add for the quarter.