

Course: \_\_\_\_\_

Semester: \_\_\_\_\_

Course Call # \_\_\_\_\_

Number of units: \_\_\_\_\_

# Student Internship Application

**Personal Information:** Please print legibly

Sac State ID No.: \_\_\_\_\_

\_\_\_\_\_  
Last Name                      First Name                      MI

\_\_\_\_\_  
Address: Street Name & Number (Local address)                      Email Address

\_\_\_\_\_  
City                                      State                                      Zip Code                                      Phone No.

**Major**

CE                                      CM  
CpE                                      EEE  
CSc                                      ME  
CSUS GPA \_\_\_\_\_ Overall GPA \_\_\_\_\_

**Class Level**

Sophomore  
Junior  
Senior  
Graduate

**Citizenship Status**

U.S.  
Permanent Resident  
F-1 Visa

- A final Report of Activities must be submitted at the end of the semester to receive credit (CR).

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## For Department Use Only

**Approved**

Dept. Chair/Grad Coord.: \_\_\_\_\_

Date: \_\_\_\_\_

**Denied**

Dept. Chair/Grad Coord.: \_\_\_\_\_

Date: \_\_\_\_\_

Reason: \_\_\_\_\_

\_\_\_\_\_

# Student Learning Agreement- Academic Internship

**NOTE:** Students must complete and sign, including site supervisor information and signature. Student Learning Agreement must be submitted with internship registration form and offer letter.

**Course & Section Number** (e.g., EEE 195, Section 02 or CSc 195): \_\_\_\_\_

## 1. Student Information

Student Name: \_\_\_\_\_

### In case of Emergency, please notify:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Cell phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_

**2. Estimated number of internship hours required during the semester** (determined in consultation with department)

**3. Scope of Work to be completed by student during academic internship placement\*** (completed in consultation with faculty member). Please provide an overview of the type of work you (the student) will be doing at the site and be as specific as possible.

**4. Identify 2-3 anticipated learning outcomes – be as specific as possible:**

**5. Academic Internship Site Name:** \_\_\_\_\_

Site Supervisor Name & Title: \_\_\_\_\_

Site supervisor's email: \_\_\_\_\_ Phone number: \_\_\_\_\_

**Site supervisor's signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

By signing below, I acknowledge that I have read and agree with the above described information, as well as agree to authorize the University to share any information directly related to my performance in this Academic Internship with the Site that would otherwise be protected from disclosure by the federal Family Educational Rights and Privacy Act (FERPA).

**Student Signature** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Faculty Signature** \_\_\_\_\_ **Date:** \_\_\_\_\_

\* If needed, the student and faculty member, in consultation with the office of Services for Students with Disabilities (SSWD), will create and attach an accommodation plan to this Student Learning Agreement.