Electrical & Electronic Engineering

Internship Application

NOTE: Please email to ecs-eeereg@csus.edu when complete

Course: EEE 195 - Fieldwork in EEE
Semester: _____
Course Call # _____
(circle) Units: ◯ 1 ◯ 2 ◯ 3

Personal Information:

_____
Last Name First Name MI

Sac State ID No.: _____

_____
Address: Street Name & Number (Local address)

_____
Email Address

_____
City State Zip Code

( ) _____
Phone No.

Academic Status:

Major: _____

CSUS GPA _____ **Overall GPA** _____

Class Level:

- **2nd Sem. Jr.** ☐
- **Sr.** ☐
- **Grad. Sr.** ☐
- **Graduate** ☐

Citizenship Status:

- **U.S.** ☐
- **Permanent Resident** ☐
- **F-1 Visa** ☐

Internship Plans:

List your chief areas of interest *and* any skills or abilities which will be helpful for a business sponsor to know (e.g., computer skills and programs learned, relevant experience, etc.) BE SPECIFIC.

_____
_____
_____
_____
_____
_____
_____

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

Student Signature: _____ **Date:** _____

Optional:

For reporting purposes, our office is sometimes requested to provide the information below. Please check appropriate blanks.

Gender:

Male ☐ **Female** ☐

Ethnicity:

Asian ☐ **Caucasian** ☐ **Mexican-American** ☐
Black ☐ **Native American** ☐ **Decline to State** ☐

For Office Use Only:

Acceptance:

Dept. Chair: _____

Date: _____

Denial:

Department Chair: _____ Date: _____
Reason: _____
_____
_____

Student Learning Agreement – Academic Internship

This form is to be used for the EEE 195 Internship Only!

Directions: Student must complete and sign, including site supervisor information and signature. Please email ALL completed paperwork (Application, Learning Agreement, and offer letter) to ecs-eeereg@csus.edu

1. **Student information:**

Student Name:_____

Phone #: _____ CSUS Email: _____

In case of Emergency, please notify:

Name: _____ Relationship: _____

Cell phone: _____ Home phone: _____

2. **Estimated number of Service Learning hours required during the semester** (determined in consultation with faculty member. 45 hours = 1 unit of academic credit): _____

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 (e.g., working directly with clients, project development, database and website development, marketing plans, etc.)

4. **Identify 2-3 anticipated learning outcomes – be as specific as possible:** (e.g., by the end of this semester, I will be familiar with the process of planning, implementing and evaluating a program for seniors/children/youth; by the end of this semester, I will understand how to create a marketing plan for an agency).

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:_____

* 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.