CALIFORNIA STATE UNIVERSITY, FRESNO

DEPARTMENT OF ANIMAL SCIENCES & AGRICULTURE EDUCATION

A SCI 94, Agricultural Internship (On-Campus ONLY)

This course is offered to provide our students with the valuable development of decision-making skills through industry type experience, and integrated with basic principles acquired in the classroom.

SEMESTER: \_\_\_\_\_\_\_\_\_\_ FALL \_\_\_\_\_\_\_ SPRING TODAY’S DATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

STUDENT NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

STUDENT I.D. NUMBER: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ LOCAL TELEPHONE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

NUMBER OF UNITS: \_\_\_\_\_\_\_\_\_\_\_\_ (must be approved by Supervisor) MAJOR: \_\_\_\_\_\_\_

SCHEDULE NUMBER: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ PERMISSION NUMBER: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

SUPERVISING PROFESSOR: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Why do you want to be involved in this course and what do you expect to gain from it?

It is expected that the student intern will work under the direction and discretion of the supervising professor/production manager/technician in charge of the unit. **The student must make an appointment with his/her supervisor and discuss what will be expected of him/her prior to signing up for the internship.**

The student’s and supervisor’s signature on this form indicates their agreement to abide by the above.

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Student’s Signature Date Supervisor’s Signature Date

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 Department Chair’s Signature Date

**This form MUST be returned to the Department Office where the student will receive the schedule number and permission number for registration. It is the student’s responsibility to register for the class.**