**CALIFORNIA STATE UNIVERSITY, FRESNO**

**DEPARTMENT OF ANIMAL SCIENCES & AGRICULTURAL EDUCATION  
ASCI 194, Agricultural Internship (off 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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Student Email Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Number of Units: \_\_\_\_\_\_\_\_\_\_\_\_ (must be approved by Internship Advisor)

**Schedule Number:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Permission Number:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Faculty Internship Advisor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Phone #:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Proposed Cooperator’s Business Firm: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Phone #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

# of Units Currently Enrolled: \_\_\_\_\_\_\_\_\_\_\_

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 Faculty Sponsor in charge of the Internship and/or facility. The student must make an appointment with the Faculty Internship 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 Faculty Advisor Signature (If Applicable) Date

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Department Chair’s Signature Date Faculty Internship Advisor’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.**