

PETITION FOR INDIVIDUAL INTERNSHIP
EDUC 298I (1–12 units)

Date _____

Name _____ SID _____

Address _____ Email _____

Area _____ Instructor _____

Quarter/year _____ Units _____ (up to 12 units)

Student's Signature

Prerequisite: Graduate standing; consent of instructor and graduate advisor.

Description: Supervised internship with an approved professional individual or organization based on a written plan approved by the field supervisor and internship coordinator and/or faculty member. Includes two hours per week of direct supervision by the field supervisor.

In the space provided below, please describe your internship, including a statement concerning the final product to be submitted prior to receiving a grade.

Statement: _____

Approvals:

Instructor

Date

Field Supervisor

Date

Graduate Advisor

Date

COPIES TO: 1. Student 2. Instructor 3. Graduate Advisor