



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 indicate their agreement to abide by the above.

_____ Student's Signature	_____ Date	_____ Supervisor's Signature	_____ Date
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_____ Department Chair's Signature	_____ Date
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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.