

SPECIAL STUDY INTERNSHIP FORM INSTRUCTIONS

See the [Academic Section](#) of the UCEAP Guide to Study Abroad for additional information.

Instructions for completing the Internship form

Forms must be submitted to the Study Center or the UCEAP Systemwide Office as soon as possible after the internship has been arranged, and no later than the deadline for students to submit their MyEAP study lists.

All form fields must be completed.

- Enter your **name** as it appears in MyEAP (no nicknames).
- The **subject area of internship** is the subject area that will be on your UC transcript. This may be changed by UCEAP to conform to UC standards. If a change is made, you will be informed before the study list is finalized.
- **UC units requested:** calculated using direct contact time, indirect contact time, and work submitted. See the Study Center for assistance. Units may be changed at the UCEAP Systemwide Office.
- **Hours required by term:** the total time you will spend performing internship duties required to earn the number of units requested. If you do not work the indicated hours, units may be reduced or No pass grade assigned.
- **Description:** Provide a summary on the form and attach a separate detailed description of the internship. The description must include:
 1. Full name and description of the organization. Include links to organization's websites if available.
 2. Work schedule. Include work begin date, end date, and weekly work schedule.
 3. Responsibilities (tasks) in complete detail.
 4. Outline of steps to implement the internship.
 5. How the internship work is linked to your field of study.
 6. Goals and expected outcomes.
 7. Final project or assignment that will be submitted for evaluation.
- **To Be Completed with your Internship Supervisor:** Must be completed with the internship supervisor. Consultation time indicates the number of hours per term of direct consultation with the supervisor in discussing the subject of the internship, what you are learning, and how the experience relates to the broader context of the field. These hours should not include the hours of work noted on the top of the form. Additionally, time spent receiving instruction or explanation of tasks is not considered consultation time. If you do not meet with your supervisor for the indicated hours, units may be reduced or No pass grade assigned.
- **To Be Completed by Study Center Representative:** Written work is required to earn academic credit. The Evaluation section must clearly state the assignment that will be submitted and the date it is due. Assignments may include internship notebooks, research papers, websites, etc. If submitting a report, the number of pages must be indicated.

The form must be signed and dated by the student, supervisor, and Study Center representative before the Special Study will be entered on the MyEAP study list.

NOTE: If problems arise (e.g. unable to schedule working hours, unable to regularly meet with supervisor or mentor, dispute regarding tasks assigned, etc.) between you and the organization or supervisor, it is your responsibility to notify the Study Center staff or Systemwide Office right away to discuss possible solutions.

SPECIAL STUDY INTERNSHIP FORM

Name: _____ Year/Term: _____
Country: _____ Host University: _____
Home UC campus: _____ Major: _____
Subject area of internship: _____ Work start date: _____ End date: _____
UC units requested: 4.5 quarter/3.0 sem. 6.0 quarter/4.0 sem. Other (to be determined by UCEAP)
Hours required per term: 120 (for 4.5/3.0 units) 150 (for 6.0/4.0 units) Other: _____

DESCRIPTION: Supply summary and attach a full description per instructions.

To Be Completed by Internship Supervisor:

Supervisor's name: _____ Name of organization: _____
Title: _____ Consultation time: _____
E-mail address: _____ (Scheduled times/days or hours per week and number of weeks)

To Be Completed by Study Center Representative:

Work to be submitted for grade: _____
(e.g., final paper, final project, research paper, etc.)
Final project and supervisor evaluation will be submitted to: _____
(Study Center Director, UC Visiting Professor, or UCEAP Academic Dean)
Work is to be completed by this date: _____ (date must be within term)

I waive my right to see the UCEAP Internship Evaluation form submitted by my supervisor at the completion of my internship. Yes No
Note: Even if you waive the right to see your final evaluation, you are expected to meet with your supervisor on a regular basis for consultation and assessment.

I understand that I must work the indicated hours and meet with my supervisor per the scheduled consultation time or a "No Pass" grade will be assigned. I also agree to immediately notify the Study Center or UCEAP of any problems or concerns that arise during the course of my internship.

Student's Signature Date

Supervisor's Signature Date

Study Center Representative's Signature Date