

CALIFORNIA STATE POLYTECHNIC UNIVERSITY, POMONA  
APPLICATION FOR CREDIT

CS 4410 INTERNSHIP IN COMPUTER SCIENCE – LEARNING PLAN

**Note to Student:** This application must be completed and signed by you and your internship site supervisor, and submitted to the faculty coordinator for approval by the third day of classes. A permission code to add CS 4410 will be generated for you after faculty approval. After enrolling, you will need to submit additional University internship forms at **BroncoServe** <https://app.calstates4.com/cpp>.

**Students who fail to complete the online forms by the end of Week 2 will be dropped from the class.** For each unit taken, you are expected to complete a minimum of 4 hours service each week or 60 hours per semester. By the end of Week 15, you are expected to submit a 2-page report describing your duties and the value of this experience as it relates to your education and career goals. Please consult your faculty coordinator for the report submission mechanism.

**Note to Student's Internship Site Supervisor:** The student identified below wishes to earn academic credit for experience gained from internship services under your supervision. Please complete items 3, review item 4, and sign the document (item 6). If this is your first time sponsoring a CPP intern, the University's Center for Community Engagement will contact you for the **Site Self-Assessment** and **Internship Agreement** forms.

1. Student Name: \_\_\_\_\_ Student ID#: \_\_\_\_\_  
Last First

Phone: (\_\_\_\_) \_\_\_\_\_ Email: \_\_\_\_\_

Academic Standing:  Fresh  Soph  Jr  Sr

2. CS 4410 credit to be earned during the \_\_\_\_\_ Semester 20\_\_ CRN \_\_\_\_\_ Units \_\_\_\_\_ Required hours \_\_\_\_\_

Check the following box if the proposed internship will be used to satisfy a CS 4410 requirement for your major.

3. Internship Sponsor Information

Business/Organization: \_\_\_\_\_

Site Supervisor: \_\_\_\_\_ Title: \_\_\_\_\_  
Last First

Mailing Address: \_\_\_\_\_

Business Phone: (\_\_\_\_) \_\_\_\_\_ FAX: (\_\_\_\_) \_\_\_\_\_ Email: \_\_\_\_\_  
(Attach company business card in upper left corner of this form)

4. Briefly describe the specific learning objectives of the proposed internship, including duties and responsibilities of the intern, and the relevance of the internship to the student's academic program and career goals.

5. Student Signature \_\_\_\_\_ Date \_\_\_\_\_

6. The undersigned internship supervisor agrees to guide this student's work, to discuss any concerns about the intern's performance with him/her directly and with the faculty coordinator if necessary, and to submit a letter grade and verification of hours worked at the end of the internship.

Site Supervisor Signature \_\_\_\_\_ Date \_\_\_\_\_

7. The undersigned faculty coordinator has examined and approves the student's learning plan.

Faculty Coordinator Signature \_\_\_\_\_ Date \_\_\_\_\_