This petition form is to be used for International Studies majors who would like to petition their internship for the International Experience requirement. Student may attach supporting documentation if necessary. It is the student’s responsibility to retain their copy of the petition and pick it up from the Social Sciences Undergraduate Student Affairs Office. If you have any questions regarding this petition, contact our office via email at [socsci@uci.edu](mailto:socsci@uci.edu).

|  |  |  |
| --- | --- | --- |
| Name (First, Last): | UCI ID#: | |
| Phone (xxx) xxx-xxx: | E-mail: | |
| Major(s): | | |
| Level: Freshman Sophomore Junior Senior | | Date (*mm/dd/yyyy*): |

|  |  |
| --- | --- |
| Name of Internship Site: | |
| Address of Internship: | |
| Internship Supervisor: | |
| Supervisor’s Contact Information: | |
| Length of Internship: | Hours Per Week: |
| Duties and Responsibilities: | |
| Explain how this internship qualifies for your international experience: | |

|  |  |
| --- | --- |
| Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Date (*mm/dd/yyyy*): |

-- FOR OFFICE USE ONLY --

**Petition is:**  **GRANTED**  **DENIED**

|  |  |
| --- | --- |
| Comments: | |
| Faculty Approval (if required): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Date (*mm/dd/yyyy*): |
| Dean’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Date (*mm/dd/yyyy*): |