

## UCDC Campus Statement of Understanding

Name \_\_\_\_\_ Perm Number \_\_\_\_\_ UCDC Term/Year \_\_\_\_\_

Carefully read this document and initial/date on the left.

Initial: \_\_\_\_\_ I understand that by submitting this form and my UCDC application, I am entering into a contract  
Date: \_\_\_\_\_ with UCDC, and am considered an official participant unless I am not accepted or withdraw.

Yes: \_\_\_\_\_ I am planning to take a leave of absence the term immediately prior to my UCDC term OR  
No: \_\_\_\_\_ I am planning to study abroad before or after my UCDC program. If yes, list EAP country/term:  
\_\_\_\_\_

### **Internship Search**

Initial: \_\_\_\_\_ I understand that I am responsible for securing an internship. I will receive assistance from UCDC  
Date: \_\_\_\_\_ staff and access to an internship database, but it will be my responsibility to apply and get  
accepted by internship sites.

### **UCDC Program Cost**

Initial: \_\_\_\_\_ I understand that if I am selected, accept a spot in the program and then choose to withdraw  
Date: \_\_\_\_\_ from the program, I will be required to pay the \$400 non-refundable housing deposit fee.

Initial: \_\_\_\_\_ I understand that if I am selected for the program, I will be required to live in the UCDC building  
Date: \_\_\_\_\_ and will be responsible for arranging to sublease or cancel my housing contract here at UCSB.  
I understand that I will not receive additional financial aid to cover any Santa Barbara housing

Initial: \_\_\_\_\_ I have reviewed the program cost breakdown (<https://capitalinternships.ucsb.edu/ucdc/cost/>),  
Date: \_\_\_\_\_ and I understand my financial responsibility as a participant of the program.

### **Summer Students**

Initial: \_\_\_\_\_ To be signed by Summer UCDC Participants only. I understand that as a Summer UCDC partici-  
Date: \_\_\_\_\_ pant I will not enroll in courses. I will enroll in 4, 6, or 8 units of internship and will be charged tui-  
tion based on the number of units I choose. Financial aid recipients must enroll in 6 units or more.

### **Good Academic Standing**

Initial: \_\_\_\_\_ I understand that I must maintain good academic standing in order to participate in UCDC. I un-  
Date: \_\_\_\_\_ derstand that the UCSB Capital Internship Program will contact my College or the Registrar's Office  
for this information. I understand that I must maintain a 3.0 GPA through departure.

Yes: \_\_\_\_\_  
No: \_\_\_\_\_ Are you currently on Academic Probation? (check appropriate box):

Signature: \_\_\_\_\_ Date: \_\_\_\_\_