

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 with UCDC, and am considered an official participant unless I am not accepted or withdraw.
Date: _____

Internship Search

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

UCDC Program Cost

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

Initial: _____ I understand that if I am selected for the program, I will be required to live in the UCDC building 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 costs.
Date: _____

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

Summer Students

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

Good Academic Standing

Initial: _____ I understand that I must maintain good academic standing in order to participate in UCDC. I understand 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.
Date: _____

Are you currently on Academic Probation? (check appropriate box):

_____ Yes

_____ No

Signature: _____ Date: _____