

CALIFORNIA STATE UNIVERSITY-SAN BERNARDINO

Department of Health Science and Human Ecology  
Environmental Health Science Program

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Student Name: \_\_\_\_\_ Date: \_\_\_\_\_

Course: HSCI \_\_\_\_ : Internship in Environmental Health.

Learning Areas (three preferences, out of which one is finally selected after consultation with advisors):

1. \_\_\_\_\_  
\_\_\_\_\_

2. \_\_\_\_\_  
\_\_\_\_\_

3. \_\_\_\_\_  
\_\_\_\_\_

After consultation, circle the number of the final selection.

\_\_\_\_\_  
Faculty Advisor Signature

Date