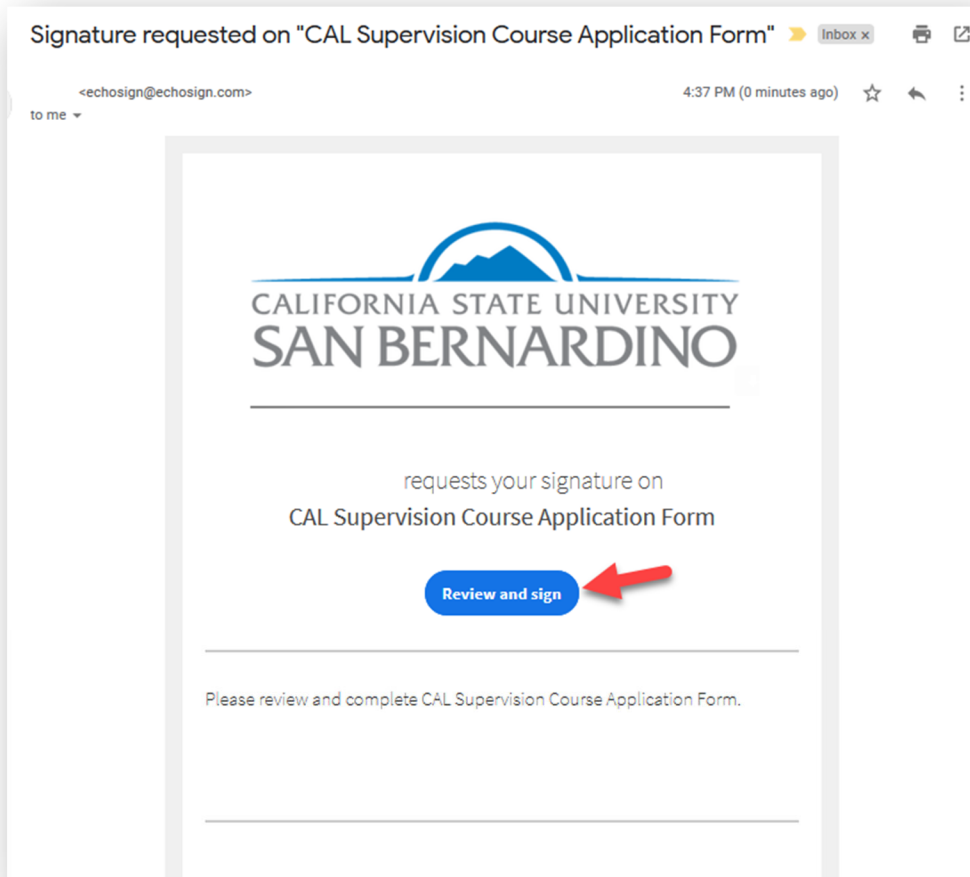


How to submit an application for Supervision Courses in Adobe Sign

1. To apply to enroll in a supervision course, please email the ASC in the relevant department office. You must use your coyote.csusb.edu email account.

Department/Program	Name	Email
ART & DESIGN	Lynne Scott	Lynne.Scott@csusb.edu
COMMUNICATION STUDIES	Linda Sand	LSand@csusb.edu
ENGLISH	Andrew Castillo	andrew@csusb.edu
	Dorothea Cartwright	dcartwri@csusb.edu
HUMANITIES, PHILOSOPHY	Rachel Siordia	RSiordia@csusb.edu
MUSIC	Lisa Ryden	demarco@csusb.edu
LIBERAL STUDIES	Daiana Rodriguez	Daiana.Rodriguez@csusb.edu
THEATRE ARTS	Anitra Timmons	Timmons@csusb.edu
WORLD LANGUAGES AND LITERATURES	Jennifer Montgomery	Jennifer.Montgomery@csusb.edu

2. You will receive an email from the department requiring you to provide some information. Click the "Review and sign" button to open the form in Adobe Sign.



3. Complete the form and sign.

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Options CAL Supervision Course Application Form Next Required 11

COLLEGE OF ARTS AND LETTERS SUPERVISION COURSE APPLICATION FORM

Please complete the form, sign, and submit it.

PLEASE NOTE: In order to receive course credit, supervision courses must contain an academic component. Merely completing hours at an internship, placement, or extracurricular activity is not sufficient to gain academic credit.

PLEASE SELECT WHICH TYPE OF SUPERVISION COURSE: * Please select

PLEASE SELECT DEPARTMENT OR PROGRAM FOR THE SUPERVISION COURSE:
* Please select

Course Subject & Number: *

Units: *

Student Name: *

Student Phone Number: *

Title of Internship, Independent Study, or (Other) Project:

Quarter/Semester & Year: *

Coyote ID: *

Student E-mail: *

1 / 3

4. When you have completed the form, sign, and submit.

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Options CAL Supervision Course Application Form Completed

The means of evaluation:

Location and site supervisor information, if applicable:

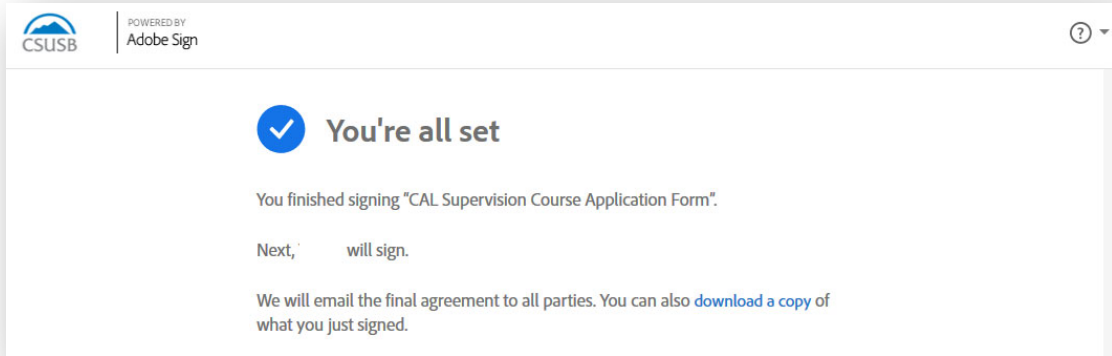
test 03/25/2020
test (Mar 25, 2020)
Student Signature **Date**

Internship Site Supervisor Name (Print), if applicable	Internship Site Supervisor Signature	Date
Instructor Name (Print)	Instructor Signature	Date
Department Chair Name (Print)	Select Approve/Deny	Date
	Department Chair Signature for Academic Approval	Date

I agree to the [Terms of Use](#) and [Consumer Disclosure](#) of this document

Click to Sign

5. You are all set. Please download a copy as your record.



6. Your signed form will automatically be sent to the department and circulated for review and approval. You will be notified by Adobe Sign when the process has completed. In addition you will receive an email from the department letting you know if your application was approved. If it was approved, the department will let you know if you have been registered for the course or if you have been permitted to register in which case you must register for the course yourself.

