

**COLLEGE OF SOCIAL AND BEHAVIORAL SCIENCES
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 DEPARTMENT OR PROGRAM FOR THE SUPERVISION COURSE:

Course Subject & Number:

Units:

Student Name:

Student Phone Number:

Major(s):

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

Semester & Year:

Coyote ID:

Student E-mail:

GPA:

Detailed description of the course goals:

Schedule of planned meetings with the faculty supervisor/director (e.g., F 10-11 a.m.):

A list of assignments or responsibilities or activities:

The means of evaluation:

Location and site supervisor information, if applicable:

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)	<input type="checkbox"/> Approve <input type="checkbox"/> Deny _____ Department Chair Signature for Academic Approval	_____ Date

FOR INTERNAL OFFICE USE ONLY:

<input type="checkbox"/> Approve <input type="checkbox"/> Deny _____ Dean or Dean's Designee Signature	_____ Date
_____ Information Entered in Database by Whom	_____ Date
_____ Student Enrolled or Permitted by Whom	_____ Date
_____ Student Notified by Whom	_____ Date