

**COLLEGE OF SOCIAL AND BEHAVIORAL  
SCIENCES SUPERVISION COURSE  
APPLICATION FORM**

**Please complete the form and obtain signatures for submission.**

Signatures include: Student, Instructor, Department Chair, Dean, and College Analyst (Jacqueline Carrillo)

**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:**

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

**Units:**

**Semester & Year:**

**Student Name:**

**Coyote ID:**

**Student Phone Number:**

**Student E-mail:**

**Major(s):**

**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:

<hr/>		<hr/>
Student Signature	Date	
<hr/>	<hr/>	
Internship Site Supervisor Name (Print), if applicable	Internship Site Supervisor Signature / Date	Instructors Select Option Below:
<hr/>	<hr/>	Uncompensated
Instructor Name (Print)	Instructor Signature      Date: _____	Accrue S-Factor
<hr/>	<hr/>	<hr/>
Department Chair Name (Print)	Approve Deny      Department Chair Signature for Academic Approval	Date

FOR INTERNAL OFFICE USE ONLY:

Approve Deny <hr/>	<hr/>
Dean or Dean's Designee Signature	Date
<hr/>	<hr/>
Information Recorded by College Analyst	Date
<hr/>	<hr/>
Student Enrolled or Permitted by Whom	Date
<hr/>	<hr/>
Student Notified by Whom	Date
<hr/>	<hr/>