

**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:

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:

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)	Approve _____ Deny _____ Department Chair Signature for Academic Approval	_____ Date

FOR INTERNAL OFFICE USE ONLY:

Approve _____ 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