Sociology 5753: Internship Application Form
Spring 2024 Semester

Please complete the following information and carefully read instructions below:

Student Name: _____ Student ID # _____

Student Address: _____

City:_____ Zip Code:_____

Phone No. _____ Email: _____

Major:_____ Expected Date of Graduation: _____

Please select desired section/instructor and obtain initials/signature of instructor:

_____ Section 60---K Robinson (Call#40611) Room SB-433 Email: k.robinson@csusb.edu

Briefly describe the type of internship duties:

_____
_____
_____
_____
_____
_____

Agency Information ***(Please print legibly)***:

Agency Name:_____

Supervisor's Name:_____ Circle one: Mr. Mrs. Ms.
(PLEASE PRINT)

Supervisor's Phone: _____ Supervisor's Email:_____

Agency Address: _____

City: _____ Zip Code: _____

Important:
All information on this form must be complete, current, and legible. This form *must* be returned to the Sociology Department office in SB-327 no later than the first week of the quarter. Failure to follow these instructions may result in the termination of your internship or a No Credit grade.

Students are not mandated to carry personal health insurance.

Office Use Only: **Date Permit Issued**: _____ **By**: _____