COLLEGE OF SOCIAL AND BEHAVIORAL SCIENCES SUPERVISION COURSE APPLICATION FORM

Please complete this form and obtain signatures for submission.

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

This Dean signed form must be attached to a CSBS Admin Support Request asking for the student to be enrolled in the approved course.

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.):			

Last updated: 09/16/2025

A list of assignments or res	sponsibilities or activ	vities:		
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		Instructors Select Option Below:	
Instructor Name (Print)	Instructor Signature Date		Uncompensated Accrue S-Factor	
Department Chair Name (Print)	Approve Deny	Department Chair Signature for Academic Approval	Date	
FOR INTERNAL OFFICE US	SE ONLY:			
Approve				
Deny Dean o Signatu	r Dean's Designee ure	Date		
Information Recorded by	College Analyst	Date		
Student Enrolled	-	Student Notified		

Last updated: 09/16/2025