



Department of Sociology
Undergraduate Add Petition
SOC 195 INTERNSHIP/FIELDWORK

Name: _____ Semester: _____ Year: _____

Address: _____ Phone Number: _____

City, State, Zip _____ Email: _____

Student ID: _____ Number of Units: [] 1 [] 2 [] 3
45 hours 90 hours 135 hours

Name of Agency: _____

*INSTRUCTION TO STUDENT: Complete the sections above after you secure an internship and confirmed the hours of the internship with the supervisor. Once completed, submit this form to Prof. Ida as an email attachment (idaa@csus.edu). She will assign a faculty member, and the Department staff will manually add you to the course.

Description of Course Content:

Multiple horizontal lines for describing course content.

(Use reverse side if more space is required)

Assigned Faculty:

Internship Coordinator's Signature

OFFICE USE ONLY

[] Class added: Initials _____ Date _____
[] Class not added: Initials _____ Date _____
Reason: _____

Units Enrolled: [] 1 [] 2 [] 3