

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 hours of the internship with the superattachment (berge@csus.edu). She will as	lete the sections above after you sec ervisor. Once completed, submit this	ure an internship and confirmed the s form to Prof. Berg as an email
Description of Course Content:		
(Use	e reverse side if more space is required)	
Assigned Faculty:	Internship Coord	inator's Signature
OFFICE USE ONLY		
☐ Class added: Initials Date _ Class not added: Initials Date _ Reason:		
Units Enrolled: $\Box 1 \Box 2 \Box 3$		