



Department of Sociology
Graduate Add Petition
SOC 295 INTERNSHIP/FIELDWORK

Name: Semester: Year:

Address: Phone Number:

City, State, Zip Email:

Student ID: Number of Units: 1 2 3

*INSTRUCTION TO STUDENT: Complete the sections below with Dr. Varano. Once completed, submit this form to the department office in Amador 450. (Department staff will manually add you to this course.)

Name of Agency:

Description of 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