

Sociology 5753: Internship Application Form Spring 2025 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#40511) Room SB-433 Email: krobinson@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: _____