

Department of Sociology  
SOC487 Internship and SOC492 Seminar  
Registration Form

Student Name: \_\_\_\_\_ Student ID#: \_\_\_\_\_

Student CSU email: \_\_\_\_\_

Registering for (semester/year): \_\_\_\_\_

Name of Internship Agency \_\_\_\_\_

The above named student has submitted his/her internship contract information and is approved to register for both the SOC487 and SOC492.

Please issue any overrides that might apply.

\_\_\_\_\_  
Sociology Internship Coordinator

\_\_\_\_\_  
Date of approval  
Updated: 05/23/12

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