

JS 181, INTERNSHIP REGISTRATION FORM
JUSTICE STUDIES DEPARTMENT
ONE WASHINGTON SQUARE - SAN JOSE, CA 95192-0050

Complete and submit this required form to the Justice Studies Department (524 MQH). This form must be signed and submitted before the first internship meeting. The agency supervisor must sign this form before the faculty adviser can approve the internship. Students not meeting this requirement will be withdrawn from the course and must wait until later to take the internship.

Internship Semester: Fall Spring Summer Year _____

Number of Internship Units: _____

Student Name: _____ SJSU Student ID#: _____

Phone Number: _____ Email: _____

Internship Agency: _____

Address: _____

Agency Direct Internship Supervisor: _____

Office Phone: _____ Email: _____ Cell Phone: _____

Has the student passed the background check (if required) for the internship? Yes No Not Required

In the space below, please describe in detail what the student's activities and duties will be in this internship. Passive activities like filing, paperwork, ride-alongs, and similar duties should not exceed 20% of all activities. This statement of duties and activities must be approved by the internship faculty adviser in order to receive credit for the internship.

My signature indicates that I have reviewed the JS 181 forms, as well as the syllabus. In addition to completing my 120 hours, I will attend 4 meetings with my internship faculty adviser and obtain their signature verifying my full attendance. To obtain credit, I must: 1) obtain a satisfactory evaluation from my internship supervisor, 2) keep and submit "field notes," 3) complete each of the assigned reflection assignments 4) maintain and submit my internship meetings sheet, and 5) write a final paper as outlined in the syllabus. I understand that if I cannot meet all requirements by the end of the term, I may receive a 'NC' or 'I.' If I receive an incomplete, I must meet with my adviser to make arrangements to fulfill missing requirements in a timely manner.

Student Signature: _____ Date _____

*Agency Supervisor Signature: **(required)** _____ Date _____

*By signing this pre-registration form, I verify and approve that the above student will be participating in an internship with this agency and I verify that we have discussed the specific activities and duties described above in which the student will participate.