



SOCI 181 ELECTIVE INTERNSHIP

CONTRACT FOR TEACHING OR RESEARCH ASSISTANTSHIP

Department of Sociology and Interdisciplinary Social Sciences, One Washington Square, San Jose, CA 95192-0122

Name of Student (Last name, First name): _____

SJSU ID: _____ Email: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone No (preferred): _____ Alternate Phone No: _____

Emergency Contact (Name/Relationship): _____ Phone: _____

Three units maximum toward general graduation units. Units desired (1-3 units)

Briefly describe the nature of the project discussed with and approved by your supervising professor, (or the placement in the community or industry approved by the department chair or the sociology internship supervisor):

Signatures Required:

Student's Signature

Supervising Professor's printed Name/Signature/Date

Dept. Chair's printed Name/Signature/Date

ATTENTION STUDENT: To register for the course, bring this completed form to the Department Office in **DMH 241** to get the proper course code number and permission code. (The signature of the supervising faculty member is required before the course code and permission number will be issued.) When you receive the course code and permission number, you may register for the course.

For Office Use Only:

Section # _____ Course Code # _____ Permission # _____

Supervising Faculty: _____ Semester: _____