

## SOCS 180 Individual Studies/SOCS 190 Internship Contract

Department of Sociology and Interdisciplinary Social Sciences ■ One Washington Square ■ San Jose, CA 95192-0122  
Phone: 408-924-5320 ■ Fax: 408-924-5322

<b>Student Name:</b>			
<b>SJSU ID:</b>		<b>Email:</b>	
<b>Address:</b>			<b>Major:</b>
<b>City/Zip:</b>			<b>Minor:</b>
<b>Phone (preferred):</b>			
<b>Emergency Contact:</b> Name & Relationship			<b>Phone:</b>

**CONTRACT FOR:**

\_\_\_\_\_ **SOCS 180 – Individual Studies – CR/NC grading, 1-4 units. Indicate # of units desired \_\_\_\_\_**  
**Each unit of credit represents 40 hours of work by the student. The course must result in some definable and appropriate product that can be evaluated and graded by the instructor.** In no case will enrollment be allowed to students who merely seek units of credit and do not have a specific project or area of study in mind. Only 4 units total may be counted toward student graduation. Prerequisite: Major or minor in the department.

\_\_\_\_\_ **SOCS 190 – Internship – CR/NC grading, 1-4 units. Indicate # of units desired \_\_\_\_\_.**  
 On-site experience with schools and other institutions. Regular meetings should be scheduled with your supervising professor to discuss knowledge, skills and ideas related to the internship experience. Prerequisite: Dr. Alaniz's consent.

**Briefly describe the nature of the project discussed with and approved by your supervising professor:**

**SIGNATURES REQUIRED:**

\_\_\_\_\_ Student's Signature/Date

\_\_\_\_\_ Supervising Professor's Printed Name/Signature/Date

\_\_\_\_\_ Department Chair's Printed Name/Signature/Date

\_\_\_\_\_ Dr. Maria L. Alaniz's Signature/Date

**ATTENTION STUDENT:** To register for the course, bring this completed form to the SISS Department Office (DMH 241) to get the proper class number and permission code. When you receive the class number and permission code, you may register for the course.

For SISS Office Use Only			
180: _____	Section#: _____	Class Number #: _____	Permission #: _____
190: _____	Supervising Professor: _____		Semester: _____