

WOMS 180 Individual Studies/WOMS 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

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

CONTRACT FOR:

_____ **WOMS 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. Individual work on special topics by arrangement with Dr. Tanya Bakhru. 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: Concentration or Minor in the Women, Gender, and Sexuality Studies.

_____ **WOMS 190 – Internship – CR/NC grading, 1-4 units. Indicate # of units desired _____**
 On-site experience with community, campus organization, or other agency involved with women, gender, or sexuality related issues. Individual and group advising augments the experiential learning; regular meeting should be scheduled with your supervising professor to discuss knowledge, skills and ideas related to the internship experience. Prerequisite: WOMS 101 or Dr. Tanya Bakhru'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. Tanya Bakhru'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: _____

Distribution: Original to Department; Yellow Copy to Student; Pink Copy to Faculty

Updated 11.01.2017