

Department of Sociology
SOC487 Internship and SOC492 Seminar
Registration Form

Student Name: _____ Student ID#: _____

Student phone and/or 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.

Paul Stock, Internship Coordinator

Date of approval

Revised: 12/7/2007

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