

DEPARTMENT OF SOCIOLOGY
PERMISSION TO ENROLL IN SOC 708 Internship
INTERNSHIP ADVISORY COMMITTEE AGREEMENT

This form should be submitted to Dr. Jonetta Weber with signatures from the student and faculty who have agreed to serve on the student's internship committee. Dr. Weber will notify the student once he/she is eligible to register for SOC 708.

Name _____ **ID#** _____

I have completed all appropriate course work and have previously registered for three hours of SOC 707 (Internship Preparation).

- I have identified my internship committee, all of whom are faculty in the Department of Sociology and have signed below.
- I now request permission to enroll in nine hours of SOC 708 during the _____ (semester/year).
- I identify my internship site as _____.
- I signify that I have completed a contract (attached) with the internship site.

Signature _____ **Date** _____

Faculty, your signature below indicates agreement to serve on this student's internship committee
by reading/critiquing the internship report.

	Printed Name	Signature	Date
Internship Committee Chair			
Internship Committee Member			
Internship Committee Member			
Director of Graduate Studies			
Department Chair			

