

University of Nevada, Las Vegas  
Department of Sociology

**APPROVAL FOR FIELD EXPERIENCE**  
SOC 791

**Must be submitted prior to registration.**

Name: \_\_\_\_\_ L Number: \_\_\_\_\_ Date: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Semester: Fall Year: 2007 Credits: 1

**Description of Proposed Field Experience, Area of Study, etc.**

**Approval Signatures:**

_____	_____
Student	Date
_____	_____
Student's Committee Chair (Type Chair's Name):	Date
_____	_____
Instructor's Signature (Type Instructor's Name):	Date
_____	_____
Department Chair/Grad. Coordinator	Date