

University of Nevada, Las Vegas  
Department of Sociology

**APPROVAL FOR SOCIOLOGICAL INTERNSHIP**  
SOC 790

**Must be submitted prior to registration.**

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

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

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

Semester: Fall Year: 2007 Credits: 1

**Description of Proposed Internship, Area of Study, etc.**

**Approval Signatures:**

|  |       |
|--|-------|
| _____  | _____ |
| Student  | Date  |
| _____  | _____ |
| Student's Committee Chair (Type Chair's Name):         | Date  |
| _____  | _____ |
| Field Supervisor's Signature (Type Supervisor's Name): | Date  |
| _____  | _____ |
| Department Chair/Grad. Coordinator                     | Date  |