

Center for Latin American Studies
Internship Form (LATAM 495 and LATAM 795)
Semester _____

Dear Student,

Please fill out and return this form to the Center for Latin American Studies at SDSU within two weeks of start of classes. Have your supervisor and LAS advisor sign it.

LATAM 795 ~ Schedule Number _____ Add Code (if applicable) _____

LATAM 495 ~ Schedule Number _____ Add Code (if applicable) _____

I. Personal Information

Student's name _____

Red ID _____

Address _____

City _____ State _____ Zip Code _____

Phone Number _____ Email address _____

II. Supervisor's Information

Supervisor's Name _____

Phone Number _____ Email address _____

III. Description of your Topic

Briefly describe internship, duties, responsibilities, and other relevant information. You must complete 150 hours to get credit:

Signature of Chair of CLAS

Date

Signature of Supervisor

Date

For administrative use only:

Final Grade _____ Date _____ by _____
Comments: _____
