

CALIFORNIA STATE UNIVERSITY, SAN BERNARDINO
DEPARTMENT OF PHILOSOPHY
Independent Study / Internship

Course Title: _____ Internship: _____ Independent Study: _____

Student Name: _____

Address: _____

Telephone: _____

Student ID #: _____

Email: _____

Faculty supervising the course: _____

Term: _____ Year: _____

Course Statement

(Include: Purpose of the project, projected reading list, proposed papers, etc.)

Student Signature: _____

To Faculty: Your signature below indicates you approve the course proposed for _____ units of credit. File this form with the Department Secretary at the beginning of the second week of the quarter.

Faculty Signature: _____

End of term comment by faculty:
