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:
______________________________________________________________________
______________________________________________________________________
______________________________________________________________________
______________________________________________________________________

(Independent Study-Internship Form)