RA Undergraduate Experience (Soc/CHS 394 Practicum)

Please complete this form and obtain signatures of approval **BEFORE** registering. Return the form to the School of Sociology, room 400 in the Social Sciences building. This form is for department records and is used to assign a grade at the end of the semester.

Semester __________________ Year: ____________

**Number of Units (1-6):** ________  (Note: The University and Board of Regents have set a standard of 45 hours of course work for each unit of credit awarded)

Instructor Name: ____________________________________________________________

Name of Undergraduate Student: ___________________________ Student ID # ____________

RA Responsibilities:

**Educational Component:**

**SIGNATURES:**

Undergraduate Student: ___________________________ Date: ________________

Instructor: ___________________________ Date: ________________

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Jeff Sallaz, Ph.D.
Director, Undergraduate Studies