

CALIFORNIA STATE UNIVERSITY-SAN BERNARDINO

Department of Health Science and Human Ecology
Environmental Health Science Program

Student Name: _____ Date: _____

Course: HSCI ____ : Internship in Environmental Health.

Learning Areas (three preferences, out of which one is finally selected after consultation with advisors):

1. _____

2. _____

3. _____

After consultation, circle the number of the final selection.

Faculty Advisor Signature

Date