

Academic Advisor Meeting
Texas State University
Applied Sociology Internship Program
SOCIOLOGY 4690

TO BE COMPLETED BY STUDENT:

Student Name: _____ PLID: _____

Texas State Email: _____ Currently Enrolled (Y/N)* _____

***If you have not attended Texas State during the current or previous fall/spring semester, you must be readmitted to the university prior to registering for SOCI 4690. For more information about the application and readmission process, please visit: <https://www.admissions.txstate.edu/future-students/returning.html>**

MAJOR: _____ MINOR: _____

Academic Advisor: _____ Date of Appointment: _____

TO BE COMPLETED BY ADVISOR:

SOCI CORE COURSES COMPLETED (Y/N): ANTICIPATED COMPLETION SEMESTER

SOCI 1310		
3307		
3318		
4306		
4308		
4309		
SOCI ELECTIVE		
SOCI ELECTIVE		
SOCI ELECTIVE		
SOCI ELECTIVE		
SOCI ELECTIVE		

OTHER COURSES NEEDED TO COMPLETE DEGREE ANTICIPATED COMPLETION SEMESTER

CURRENT GPA: TX STATE _____ Major _____ Minor _____

Advisor Recommendations:

Student's signature

Date

Advisor's signature

Date

Approved by Internship Coordinator: YES or NO

Internship Coordinator's signature

Date