Computer Science Department STUDENT INTERNSHIP REGISTRATION FORM

	See "Field Work Guidelines" for more information.
SAC STATE ID # 215581107	
Last Name Rico	First Name Robert
Address 4417 54th Street, Sacrar	
Street City	State Zip
Phone (cell) 707-832-3201 E	mail Address: robert.m.rico@gmail.com
-	l email to reach you (print clearly). ****
I have received an offer to work as a student intern a	SaltCreek Media, Inc.
in the position of Software Develope	er .
In this position, my responsibilities will be to Dev	elop, test, and manage business to
business software, including a job board, in	ventory system, and marketing platforms.
I will be working 23.5 hours/week for 15	weeks for a total of 352.5 hours.
~ ~	Spring 2017 semester/yr Spring 2017 semester/yr.
(International Students Only): This work experien able to apply the knowledge I have gained in the class This opportunity is not available in my home country.	
Student signature	Date
Work Supervisor Information/Verification:	
Name Josh Byrd	Phone 916-245-3070
Software Developer	Company SaltCreek Media, Inc
Address 910 Riverside Pkw. Ste. 50	
"I certify that the student's work description is corre work period." Work Supervisor's Signature:	ect, and I agree to evaluate the student at the end of the
CSC Dept. Chair/Grad Coordinator signature:	Date
Office Use: Registered units for	(sem/yr) by(initials)(date)

For international students, photocopy this for him/her to take to Global Education.