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, Sacra	
Street City	State Zip
Phone (cell) 707-832-3201	Email Address: robert.m.rico@gmail.com
**** Please list the best phone and	d 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	velop, test, and manage business to
business software, including a job board, in	eventory system, and marketing platforms.
	weeks for a total of 345 hours.
I will register for OR unit(s) of CSC 195 for	Fall 2016 semester/yr
OR unit(s) of CSC 295 for	or I all 2010 semester/yr.
(International Students Only): This work experier able to apply the knowledge I have gained in the cla 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 corrework 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.