

Return completed form to the Computer Science Graduate Office, 6117 SENSQ, no later than the term add/drop deadline.

I. Student's Name _____ PeopleSoft ID # _____
Total Credits Earned (to date) _____ Major _____ GPA _____
Local Phone _____ E-mail _____
Working Title of MS Project or Thesis _____

II. Company/Organization Name _____
Supervisor's Name and Title (Please Print) _____
Address _____
City _____ State _____ Zip _____
Phone _____ FAX _____ E-mail _____

Does your organization have comprehensive liability coverage in place for interns working on site and at any location where interns are asked to work: _____

Describe the responsibilities of the intern and what he/she will learn from this experience.

Describe how you will supervise and evaluate the intern. How often will this be done?

Hours per Week _____ Dates of Internship _____

Supervisor's Signature _____ Date _____

III. Faculty: List the requirements for the academic component of the internship. Include the students learning objectives for the experience and describe how the internship will contribute to the student's MS program of study.

MS Advisor Name (Please Print!) _____

Faculty Signature _____ Date _____ Campus Address _____

Campus Phone _____ Email _____

IV. Student Signature _____ Date _____

CS Department Signature _____ Date _____