



Washkewicz College of Engineering

ELECTRICAL ENGINEERING AND COMPUTER SCIENCE DEPARTMENT

COMPUTER SCIENCE PROGRAMS

PROFESSIONAL INTERNSHIP

FORM A

Name of the Student: _____

CSU ID: _____

Phone: _____ E-mail: _____

Employer Firm: _____

Immediate Supervisor: _____

Phone: _____ E-mail: _____

Starting Date of the Internship: _____

Immediate Supervisor: Please complete.

1. Internship will start on _____. Employment in this position for a minimum of _____ hours per week during the _____ Semester. 2. At least 75% of the intern's work would be deemed professional in nature, implying that no more than 25% of the Intern's time will be spent in activities such as filling, copying, or answering telephones.

Signature of the Supervisor: _____ Date: _____

Signature of the Program Director: _____ Date: _____

Please complete Form A and return to the department for approval of Internship.



Washkewicz College of Engineering

ELECTRICAL ENGINEERING AND COMPUTER SCIENCE DEPARTMENT

COMPUTER SCIENCE PROGRAMS

PROFESSIONAL INTERNSHIP

FORM B (To be submitted before one week of completion of internship)

Student: _____ CSU ID: _____

Phone: _____ E-mail: _____

Immediate Supervisor of Employer firm: _____

Phone: _____ E-mail: _____

Start Date of Internship: _____ End Date of Internship: _____

Immediate Supervisor: Please answer the following questions and provide any additional information & comments about the student.

1. The intern student named above has successfully completed his/her internship experience. YES NO

2. Comments on intern Student's performance (feel free to attach):

Signature of the Supervisor: _____ Date: _____

Please complete Form B and return this form along with a report describing your Internship to the department.