Department of Mechanical Engineering, Mechatronic Engineering, and Manufacturing Technology

MECA 389 Industrial Internship Approval

This form must be completed and approved BEFORE internship hours begin. Internship credit will NOT be given for prior work experience.

Name: _____ ID number: _____

Address: _____

Telephone number: _____ Email: _____

Major: _____ Class level: _____

Internship expected to begin: _____ Expected to end:_____

Estimated number of hours you expect to work on internship: _____

Name of company where you will do your internship

Company address: _____

_____

Supervisor's name: _____ Title: _____

Telephone number: _____ Email: _____

Briefly describe how your internship will enhance your engineering education.

_____

_____

_____

_____

_____

_____

_____

_____

Approval of current instructor of MECA 389

_____	_____	_____
Instructor's Name	*Signature*	*Date*

Copies: Department Office
Student

071205