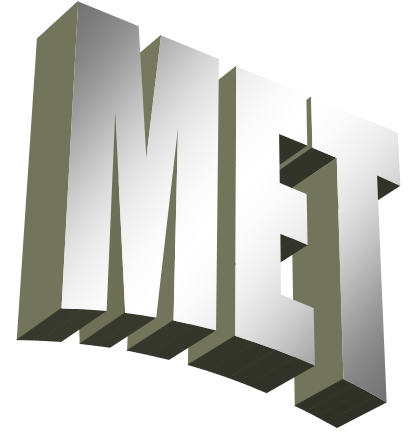


_____ OF _____

MANUFACTURING ENGINEERING TECHNOLOGY



INTERNSHIP REPORT

Automotive & Manufacturing Engineering Technology
205 Trafton Science Center E
Mankato, MN 56001

Phone No. (507) 389-6383
Fax No. (507) 389-5002
E-mail: kirk.ready@mankato.msus.edu

Dates _____ to _____

Name of Student _____

Name of Company _____

Summary of Work Experience

Date	Start Work	End Work	Total Hours	Jobs or Operations Performed

Total Work Hours _____

* Include approximately 60 hours of work on each of these forms.
(OVER)

Summary of Work Experience

(For this time period)

1. List the new tools or equipment you worked with during the week.
2. What new knowledge, technical or related information did you gain from work experience?
3. What new skills did you develop during the week?
4. Were there any specific incidents (good or bad) worth remembering?
5. Were any human relation incidents (Attitudes of management / Unions / Methods of supervision / Communication problems / others) that you observed or were involved in which were significant to you as an employee?
6. What meeting, seminars, conferences, or training sessions did you attend this week?
7. How do you rate your work experience for the week in terms of skills learned, work habits developed, and technical information acquired?

Excellent _____ Good _____ Average _____ Poor _____

Employee's Signature _____ Date _____

Supervisor's Signature _____ Date _____