

**MECH 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 MECH 389**

\_\_\_\_\_  
*Instructor's Name*

\_\_\_\_\_  
*Signature*

\_\_\_\_\_  
*Date*