Department of Mechanical Engineering, Mechatronic Engineering, and Manufacturing Technology

MFGT 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 manufacturing education.

_____

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_____

Approval of Manufacturing Technology Program Internship Coordinator

_____ _____ _____

Coordinator's Name *Signature* *Date*

Copies: Department Office
Faculty Internship Coordinator
Student

071205