



# Industry Internship Application Form

Date \_\_\_\_\_

Name \_\_\_\_\_  
FIRST LAST

uNID# \_\_\_\_\_ Email Address \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phones \_\_\_\_\_

Major \_\_\_\_\_ Anticipated Graduate Date \_\_\_\_\_

Employer: \_\_\_\_\_

Employer's Address \_\_\_\_\_

Supervisor's Name \_\_\_\_\_

Supervisor's E-mail \_\_\_\_\_

Student's Job Title \_\_\_\_\_

Beginning Date \_\_\_\_\_ Ending Date \_\_\_\_\_

Number of Hours Work/Week \_\_\_\_\_ Semester/Year \_\_\_\_\_

Number of Credit Hours \_\_\_\_\_

**PLEASE ATTACH:**

1. Job Description
2. List of four learning objectives

This form must be completed and returned to the MSE Academic Advisor in 304 CME.