



Materials Characterization Lab 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. Resume
2. Cover Letter

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