UNIVERSITY OF MASSACHUSETTS DARTMOUTH
COLLEGE OF ENGINEERING

ENGINEERING 500 GRADUATE INTERNSHIP

Name: _____ _____
First **Middle** **Last** **Student ID Number**

Address: _____

_____ _____
City/Town **State** **Zip** **Phone Number**

Major: _____ **Program:** _____ **GPA:** _____

Total Credits Earned: _____ **Year of Expected Graduation Date:** _____

COMPANY SPONSOR *(COMPANY/ ORGANIZATION WHERE THE INTERNSHIP WILL TAKE PLACE):*

Name: _____

Address: _____

_____
City/Town **State** **Zip**

DEPARTMENT: _____

NAME OF FACULTY SPONSOR: _____

PROPOSED STUDY:

SEMESTER/TERM: _____ **Year:** _____

PROPOSED NUMBER OF GRADUATE CREDITS: _____

PREVIOUSLY EARNED *EGR 500* CREDITS *(MAXIMUM 3 CREDITS):* _____

APPROVALS:

_____ _____
Faculty Sponsor's Signature **Date**

_____ _____
Graduate Program Director's Signature **Date**

_____ _____
Chairperson's Signature **Date**

_____ _____
Dean's Signature **Date**