

**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