

INTERNSHIP AND CO-OP APPROVAL FORM

Student

Name: _____

Email: _____

Term of expected graduation: _____

Company

Name: _____

Start Date: _____

End Date: _____

Supervisor Name: _____

Supervisor Email: _____

Required skills for the position: _____

Topic of the internship or Co-Op: _____

Skills that will be developed during the internship: _____

Credits

Independent Study credits agreed on: _____

Semesters when the credits will be taken: _____

Date:

Student Signature: