## PERMISSION TO ENROLL 3460:395 - INTERNSHIP IN COMPUTER SCIENCE

STUDENT INFORMATION		
Name:	Semester: Fall	Spring Summer 20
Student ID:	Track: System	Management
POSITION AND EMPLOYER INFORMATION		
Company Name:		n an
Job Title:	Requested Credit Hours:	
Start Date:	End Date:	
Hours Per Week:	Number of Weeks	
Employer Supervisor Contact Information:		
Name:	_ Title:	
Work Telephone:	Work E-mail:	1. 
Brief Description of Duties (or attach job description):		· · · · ·
The undersigned agree to fulfill all requirements listed of that a maximum of three internship credits can be used	to satisfy elective re	quirements of a computer science
degree. Each 75 work hours will count for 1 credit hour. semester will count for 1 credit hour)	(For example, 5 hou	irs per week over a fifteen-week
Student Signature:		Date:
Employer Supervisor Signature:		Date:
Faculty Advisor Signature:		Date:

Department Chair Signature:

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Revised 11/2012

Date:

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In signing this form:

- The student agrees to
  - Satisfactorily meet all requirements of the employer, the department and the University of Akron, including duties assigned by the employer and course assignments as outlined by the course syllabus.
  - Submit to the faculty advisor a report summarizing activities performed, CS knowledge, and experience gained during the internship at the conclusion of the internship.
- The employer supervisor agrees to
  - Assist the student in the completion of all academically-relevant and meaningful experience, including providing adequate supervision.
  - Submit to the student and computer science faculty advisor two written evaluations (midterm and final) of the student's performance.
  - Discuss with the faculty advisor and computer science department chair any termination or performance situations that may arise.
- The faculty advisor agrees to
  - Advise the student during the course of the internship.
  - Collect student's report and supervisor's evaluations.
  - **\$ubmit a grade (Credit / No Credit).**