

**DEPARTMENT OF MECHANICAL
AND INDUSTRIAL ENGINEERING**

IE-3699

**ENGINEERING PRACTICE
REGISTRATION FORM**

This is a permission of instructor course. To register, you must submit this form completed and signed by both yourself and the faculty who will review your internship/coop work.

STUDENT NAME: _____

STUDENT ID NUMBER: _____

FACULTY REVIEWING INTERNSHIP WORK: _____

SEMESTER (circle one): FALL SPRING SUMMER

YEAR: _____

COMPANY & LOCATION: _____

SPECIFIC DATES FOR INTERNSHIP: _____

DESCRIBE THE TYPE OF WORK TO BE PERFORMED AS PART OF THIS INTERNSHIP:

Student: By signing below, you acknowledge that:

- You understand that you must maintain regular communication with your IE faculty supervisor on a schedule and format to be determined with the faculty.
- You must provide a written report promptly at the conclusion of the internship work.
- Your internship project(s) must involve IE-related design work.
- You understand that this is a PASS / FAIL course.

STUDENT SIGNATURE: _____ Date: _____

Professor: By signing below, you acknowledge that:

- You have agreed to review the internship work, including maintaining regular communication with the student for the duration of the internship and grading the final report.
- You have reviewed the internship with the student and determined it will have suitable industrial engineering related design content with equivalent of at least 6 weeks of full-time work.

PROFESSOR'S SIGNATURE: _____ Date: _____
