

ITCS 6490 INDUSTRIAL INTERNSHIP PROPOSAL

Student Name: _____ **I.D. Number** _____

Graduate Credit Hours Completed: _____

Internship Title: _____

Semester: _____ **Credit Hours (1-6):** _____

Location of Internship:

Name of Organization: _____

City/State: _____

Supervisor at Organization: _____

Faculty Supervisor: _____

Internship Description, Objective, and Justification:

Student Signature: _____ **Date:** _____

APPROVAL:

Supervisor at Organization: _____ **Date:** _____

Faculty Supervisor: _____ **Date:** _____

Academic Advisor: _____ **Date:** _____

Graduate Program Director: _____ **Date:** _____