

INTERNSHIPS IN ENGINEERING: **PROCEDURES FOR CREDIT**

Step 1:

- Student or employer files the completed Form I B (Position Description) with Watson's Electrical and Computer Engineering Office.
- This identifies the student, employer, and the agreed upon position expectations.
- Copies will be retained in the student's department file.

Step 2:

- At the end of the semester Form II B, the Internship Completion Form is signed by the industrial/research contact to whom the intern reports and mailed or faxed to Lynn Callahan in the Watson's Electrical and Computer Engineering Department. The professor will assign a grade.
- Copies of the form will be retained in student's department file.

Please return this form to:

Lynn Callahan
Binghamton University
Electrical and Computer Engineering
Watson ES 2313
P.O. Box 6000
Binghamton, New York 13902-6000
Phone: (607) 777-5323 Fax: (607) 777-4464

Semester or Summer Internship/Co-op Program
Form IB-Position Description

STUDENT NAME: _____ DATE: _____

MAJOR: _____ E-MAIL ADDRESS: _____

Organization Name: _____

Contact Person: _____

Address: _____

Phone/e-mail: _____

Intern/Co-op Job Title: _____ Salary: _____

Start Date: _____ End Date: _____ Est. hours per week: _____

Supervisor: _____

Please return this form to:
Lynn Callahan ES 2313

Responsibilities/Essential functions:

Binghamton University
Electrical and Computer Engineering
Watson ES 2313
P.O. Box 6000
Binghamton, New York 13902-6000
Phone: (607) 777-5323 Fax: (607) 777-4464

At the end of the internship period, Form II B should be completed by the person responsible for the student at the internship site and mailed to the Department of Electrical and Computer Engineering at the above address. When Form II B is received in confirmation of the student's successful completion of the internship, the advisor for the internship will assign a grade. The notation "Internship" will be added to the student's permanent record.

Semester or Summer Internship/Co-op Program
Student Registration Form II B – Evaluation

STUDENT NAME: _____ DATE: _____

Company/Organization Name: _____

ADDRESS: _____

INTERNSHIP JOB TITLE: _____

PERSON REPORTING TO: _____

E-MAIL: _____ PHONE: _____

- Did the student intern/co-op meet your expectations of performance for the position responsibilities as noted in the initial position description? ____yes ____no
- Please provide your comments on this person’s work performance or anything relevant to the experience:

- Would you like to be contacted to discuss any aspect of this internship? __yes__no

Thank you for your interest in a Watson School intern and for providing this valuable experience

<p><i><u>Please return this form to:</u></i></p> <p>Binghamton University Department of Electrical and Computer Engineering, ES 2313 Watson School of Engineering & Applied Science</p> <p>P.O. Box 6000, Binghamton University Binghamton, NY 13902-6000</p> <p>Phone: 607-777-5323 Fax 607- 777-4464</p>
