

## **College of Engineering**Department of Electrical & Computer Engineering

230 Larsen Hall PO Box 116200 Gainesville, FL 32611-6200 352-392-9758 352-846-1802 Fax

## **REQUEST FOR GRADUATE INTERNSHIP**

Please type or print clearly

Name	UFID			_
E-mail address				_
Company name of your employer _				
Name and Phone Number of Super	visor			_
Employment address				_
Work period: From	To	Te	rm & year:	
Salary \$	Per _			_
Attach a copy of your offer letter th specific duties or responsibilities th contain your job duties, you will also work to be performed during the interest.	ne company will a need to contact	ıssign to you. Îlf	your offer letter does not	
Required Approvals:				
Faculty Advisor (For Master's Thesi	is or PhD Studen	its Only)		
Students who are who have a thesis or going on internship.	dissertation faculty	advisor must rec	eive their approval before	
Does the above named student have perm Circle One: Yes No	nission to complete	this internship?		
Does the above named student have perminterning? <b>Circle One:</b> Yes		arch hours under yo t Register	our supervision while	
Which hours will the student register for?	Circle One: EEL	- 6971 EEL 79	79 EEL 7980	
Approved: Faculty Advisor			Date	
<b>ECE Personnel Office (For Students</b>	on Appointmen	t Only)		
Students on appointment (TA, RA, GA) no start and end dates do NOT conflict with the			Office that their internship	
Are you currently on appointment? <b>Circle</b> Will you be on appointment the semester t		<b>No</b> your internship?	Circle One: Yes No	
If you answered yes to either one of these Personnel Office before your internship will		st receive approval	from the	
Approved: ECE Personnel Office			Date	
ECE Department Approval (For all G	3raduate Studen	ts)		
Approved By: Graduate Coordinator			Date	