

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