



## Technical Elective Application Form

Registration deadline for Internship as Technical Elective is the first Friday of the semester.

### STUDENT INFORMATION

Internship Term: Summer ☐ Fall ☐ Spring ☐ 20 \_\_\_\_\_

Student Status: ☐ Junior ☐ Senior

Student UID \_\_\_\_\_

Anticipated Graduation Sem/Yr \_\_\_\_\_

Last Name \_\_\_\_\_

Major \_\_\_\_\_

First Name \_\_\_\_\_

Overall GPA \_\_\_\_\_

Initial below:

☐ I agree to complete a minimum of 450 hours of internship for three technical elective credits.

Company Name \_\_\_\_\_

☐ I have included a position description and offer letter with this application (can be the same document)

Supervisor Name \_\_\_\_\_

Supervisor's E-mail \_\_\_\_\_

☐ I have completed the CECS Internship Registration form:  
<https://bit.ly/38D0fjk>

Supervisor's Phone \_\_\_\_\_

\_\_\_\_\_  
Student's Signature

\_\_\_\_\_  
Date

### DEPARTMENT APPROVAL

☐ BME

☐ 3940

☐ Fall

Year: 20 \_\_\_\_\_

☐ ISE

☐ 4940

☐ Spring

Expected number of work hours/week: \_\_\_\_\_

☐ Summer

Credit Hours to be earned: \_\_\_\_\_

\_\_\_\_\_  
Department Representative Signature

\_\_\_\_\_  
Date

### FACULTY INTERNSHIP ADVISOR

I agree to accept the following responsibilities related to my participation as the faculty internship advisor for the above named student:

- Accessible to student during the internship term
- Capable and committed to supporting the student in their workplace experience (quality oversight, not logistics)
- Evaluate and support the student in developing their semester-long learning objectives and assess the work of the student through:
  - Review learning objectives at the beginning of the semester
  - Optional mid-term site visit
  - Review end of semester performance appraisals
- Conduct brief (10 minute) exit interview with student at the end of the semester

Optional Site Visit: Under the discretion of the department chair, mileage and additional compensation will be available for site visits conducted within a 100-mile radius of Wright State University Dayton Campus.

Please check one: ☐ Yes, I will participate in a mid-term site visit

☐ No, I will not participate in a mid-term site visit

\_\_\_\_\_  
Faculty Advisor Signature

\_\_\_\_\_  
Date

Fwd to Career Services and academic advisor: \_\_\_\_\_

(date)

Dept rep initials: \_\_\_\_\_