# COOPERATIVE INTERNSHIP APPROVAL

**CALIFORNIA STATE UNIVERSITY, FRESNO**

***Department of Electrical & Computer Engineering***

**Please complete this form for authorization to register for a restricted ECE Cooperative Internship. Obtain the signature of your supervisor and the department chair, and then return the completed form to the department office. Upon receipt of the complete form, a schedule number will be issued to you. You must then register for the course using the Telephone/Web registration system by the end of the second week of instruction.**

**Name:** _____ **Peoplesoft ID#** _____
**Last** **First**

**Home #**_____**Cell**_____**Wrk**_____**Email**_____

**Major**_____ **Semester**_____ **Course** ECE 193 **Apprvd Units**_____

**Start Date:** _____ **Completion Date:** _____ **Hours Per Week** _____

**Description of Work Assignment/Responsibilities:**

_____

_____

_____

_____

**Company's Name**(Please Print)_____ _____
**Supervisor's Name**

**Company's Address** _____

_____ **Supervisor's Signature**_____

**Supervisor's Phone No:** _____

_____
**Student Signature** **Date**

***Department Approval:***

_____
**Project Supervisor** **Date**

_____
**Department Chair/Coordinator** **Date**

**Office Use Only:**

_____ _____ _____
**Schedule Number** **Initials** **Confirm Registration**

**Rev. 2/15/05**