CALIFORNIA STATE UNIVERSITY, SAN BERNARDINO
SCHOOL OF COMPUTER SCIENCE AND ENGINEERING
CSE 5750 Internship
Contract

Name:_____SID#:_____Date: _____

Local Address: _____

Phone#:_____Work Phone #: _____

Name of Agency: _____

Address of Agency: _____

_____ _____ _____

Field Supervisor's Name Signature Date

_____ _____ _____

Faculty Supervisor's Name Signature Date

Computer Science Covered:_____coding_____programming_____design_____analysis

USING:

Hardware:_____

Software:_____

Languages:_____

Methods:_____

CSE School resources needed: _____

I understand that before receiving credit for this course, I must have a final meeting with the faculty supervisor in order to ascertain if the course objectives have been met. I will also present the results of this internship in the School Seminar Series when the work is done.

_____ _____

Student Signature Date

_____ _____

Director, School of Computer Science and Engineering Date

When an internship is denied, the appropriate party should indicate why:

_____

A one-page copy of the internship proposal must be attached.