



University at Buffalo

Department of Computer Science
and Engineering

School of Engineering and Applied Sciences

INTERNSHIP/CO-OP APPLICATION FORM

Please fill out the form, answering every question/category. Your form cannot be processed if you leave any of the questions/categories blank.

Email the completed form to the Internship Coordinator, so that they may sign off on it. In addition, please attach a copy of your offer letter to the email. Once the form is signed the Internship Coordinator will email the completed application to the undergraduate or graduate coordinator for force registration.

Student Intern Information

Name: _____ Person #: _____

Email Address: _____

Semester & Year in which internship will be taken: _____

Course Registered for (circle one): CSE 496 CSE 598

Number of Credits: _____ (Must consult with Internship Coordinator)

Internship Company Information

Company Name: _____

Company Address: _____

Internship Supervisor: _____

Supervisor Title: _____

Supervisor Phone Number or Email Address: _____

Internship Project Information

Start Date: _____ End Date: _____

Hours per Week: _____

Work Location: _____
(If different than company address)

General nature of work to be performed during internship (circle all that apply):

Programming

Web Design

Data Base Management/Design

Other (please specify)

List specific tasks to be accomplished during the internship:

List the specific skills that you will use to accomplish internship duties (include languages, operating systems, graphics capabilities, and any other computer science skills/knowledge that you will be using during your internship):

Approved by:

Intern's signature

Date

Major Advisor (PhD Students ONLY)

Date

Internship Coordinator's Signature

Date