This form must be used to register for any Watson School Independent Study course. Independent Study courses are identified in the Schedule of Classes and generally bear course numbers in the 90's; e.g., 395, 497, 599, etc. It is the student's responsibility to secure all information and signatures required. **IF ANY PORTION OF THIS FORM IS LEFT UNFILLED IT WILL BE RETURNED TO YOU AND YOU WILL NOT BE REGISTERED IN THE SYSTEM FOR THIS COURSE.**

You are liable for tuition charges and you must add, change, or drop this course within the legal dates as stated in the Schedule of Classes. If you are taking two or more of the same course (e.g., two CS 97s), please note this in the appropriate space on this form.

**NOTE:**
- Students in the ECE Department must see their department secretary for an additional form for EECE 497 and EECE 597
- Students in the ME Department must see their faculty adviser for additional paperwork.
- ENGINET Students must process this form through the ENGINET OFFICE in EB-J21 (1-800-478-0718)
- All other students return this completed form to your Department Secretary.
- A DARS exception form will be required if using this experience as a professional or technical elective.
- Harpur, CCPA, SOM, and SON independent study course registrations must be processed through the appropriate departmental office in those schools.

| Student Name: ____________________________ | Date: ______________ |
| Address (local): __________________________________________ | Phone: ______________ |

Major: ____________________________  Email: _________________________________________________________________________

**Action to be taken:**  □ Add  □ Change  □ Drop

**Course name and number:** ____________________________  **Credit Hours:** ________
(e.g., CS 497, EECE 599, ME 698, etc.)

**Grade Option:**  □ Normal  □ P/F or S/U

**Semester:**  □ Fall  □ Spring  □ Summer

**Year:**  20_____

**TITLE OF INDEPENDENT STUDY or Applicable Internship (optional):**
Limit of 30 characters: please be descriptive and abbreviate as necessary. The title you assign will appear on your OFFICIAL University transcript.

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**INSTRUCTOR APPROVAL**

**INSTRUCTOR:** (please print) ____________________________  **INSTRUCTOR SECTION CODE NUMBER:**

**INSTRUCTOR SIGNATURE:** ____________________________  **DATE:** ______________

Department Approval (if required): ____________________________  **DATE:** ______________

**OFFICE USE ONLY**

DATE POSTED ______________

BY ____________________________
(person posting course to student’s schedule)

Rev. 05/2010
INTERNSHIPS IN ENGINEERING: PROCEDURES FOR CREDIT

Step 1:
- Student or employer files the completed Form I B (Position Description) with Watson's Electrical and Computer Engineering Office.
- This identifies the student, employer, and the agreed upon position expectations.
- Copies will be retained in the student’s department file.

Step 2:
- At the end of the semester Form II B, the Internship Completion Form is signed by the industrial/research contact to whom the intern reports and mailed or faxed to Lynn Callahan in the Watson's Electrical and Computer Engineering Department. The professor will assign a grade.
- Copies of the form will be retained in student’s department file.

Please return this form to:

Lynn Callahan
Binghamton University
Electrical and Computer Engineering
Watson ES 2313
P.O. Box 6000
Binghamton, New York 13902-6000
Phone: (607) 777-5323 Fax: (607) 777-4464
Semester or Summer Internship/Co-op Program
Form IB-Position Description

STUDENT NAME: ____________________________ DATE: ________________

MAJOR: ____________________________ E-MAIL ADDRESS: ____________________________

Organization Name: ______________________________________________________________

Contact Person: ________________________________________________________________

Address:

Phone/e-mail: ____________________________

Intern/Co-op Job Title: ____________________________ Salary: ___________________

Start Date: ________________ End Date: ________________ Est. hours per week: ________________

Supervisor: ________________________________________________________________

Please return this form to:
Lynn Callahan ES 2313

Responsibilities/Essential functions:

Binghamton University
Electrical and Computer Engineering
Watson ES 2313
P.O. Box 6000
Binghamton, New York 13902-6000
Phone: (607) 777-5323 Fax: (607) 777-4464

At the end of the internship period, Form II B should be completed by the person responsible for the student at the internship site and mailed to the Department of Electrical and Computer Engineering at the above address. When Form II B is received in confirmation of the student’s successful completion of the internship, the advisor for the internship with assign a grade. The notation “Internship” will be added to the student’s permanent record.

5/08
Semester or Summer Internship/Co-op Program
Student Registration Form II B – Evaluation

STUDENT NAME:___________________________________________ DATE:__________

Company/Organization Name:____________________________________________________________
ADDRESS:_________________________________________________________________________

INTERNSHIP JOB TITLE:_________________________________________________________________

PERSON REPORTING TO: ______________________________________________________________
E-MAIL:______________________________ PHONE:__________

Did the student intern/co-op meet your expectations of performance for the position responsibilities as noted in the initial position description? ______yes _______no

Please provide your comments on this person’s work performance or anything relevant to the experience:

Would you like to be contacted to discuss any aspect of this internship? ___yes___no

Thank you for your interest in a Watson School intern and for providing this valuable experience

Please return this form to:
Binghamton University
Department of Electrical and Computer Engineering, ES 2313
Watson School of Engineering & Applied Science
P.O. Box 6000, Binghamton University
Binghamton, NY 13902-6000

Phone: 607-777-5323  Fax 607- 777-4464