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 B NUMBER**

<table>
<thead>
<tr>
<th>Major:</th>
<th>Email:</th>
</tr>
</thead>
</table>

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

**Course name and number:** ___________________
(e.g., CS 497, EECE 599, ME 698, etc.)

**Credit Hours:** ______

**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.

**INSTRUCTOR APPROVAL**

<table>
<thead>
<tr>
<th>INSTRUCTOR: (please print)</th>
<th>INSTRUCTOR SECTION CODE NUMBER:</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>INSTRUCTOR SIGNATURE:</th>
<th>DATE:</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Department Approval (if required):</th>
<th>DATE:</th>
</tr>
</thead>
</table>

**Rev. 04/08**
INTERNSHIPS IN ENGINEERING:
PROC EDURES 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 Kim Murphy 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:
Kim Murphy
Binghamton University
Electrical and Computer Engineering
Watson EB Q 5
P.O. Box 6000
Binghamton, New York 13902-6000
Phone: (607) 777-4840   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:
Kim Murphy ECE Q5

Responsibilities/Essential functions:

Binghamton University
Electrical and Computer Engineering
Watson EB Q 5
P.O. Box 6000
Binghamton, New York 13902-6000
Phone: (607) 777-4840    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 will 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, EB Q5
Watson School of Engineering & Applied Science

P.O. Box 6000, Binghamton University
Binghamton, NY 13902-6000

Phone: 607-777-4840   Fax 607- 777-4464