

Internship In Industry Application

(Required for enrollment in MAT 293) (Rev 11/09)

Name (please print) _____

Perm Number _-_-_-_-_-_-_-_- Number of units _____

Quarter and Year _____ Letter grade or S/U _____

PROJECT DESCRIPTION:

Have you taken this course before? When? (Quarter, Year) _____

Your signature _____ Date _____

Approved _____ Date _____

Instructor/Advisor Signature

Approved _____

MAT Faculty Graduate Advisor