



Internship In Industry Application

(Required for enrollment in MAT 293)

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 _____

Advisor / Instructor Signature

Approved _____

MAT Faculty Graduate Advisor Signature