

Internship Credit Request

Information Systems Program

Date: _____ Semester: _____

Student's Last Name: _____ First

Andrew ID: _____

Course Number: 67-505 Information Systems Internship

Course Section: _____

Number of Units: _____

Class: Freshman Sophomore Junior Senior

Faculty Sponsor: _____

Company / Organization: _____

Address: _____ Internship

Supervisor (name and title):
_____ Internship

Supervisor Phone/Email:

Academic component of internship (proposal of project, assignment(s), and deadlines:

Student Signature: _____ Date: _____

Site Supervisor Signature: _____ Date: _____

Faculty Sponsor Signature: _____ Date: _____

Application Deadline: End of first week of classes of the semester of the independent study.
Return to:

Senior Academic Advisor
Information Systems
Hamburg Hall 3029
correy@cmu.edu

Associate Director of
Undergraduate Education
Information Systems
Hamburg Hall 3032
gdilisio@andrew.cmu.edu

Academic Advisor
Information Systems
Hamburg Hall 3047
jlutz2@cmu.edu

Academic Advisor
Information Systems
Hamburg Hall 3051
savery@andrew.cmu.edu

