

Minnesota State University, Mankato
Electrical or Computer Engineering and Technology
Undergraduate EE 497 Internship

Steps to Complete Undergraduate Internship

1. Complete readiness check section of Form A and verify readiness with Professor Hudson.
 Completion Date: _____

2. Locate suitable internship employer and determine their willingness to support your internship.
 Completion Date: _____

3. Arrange with your internship sponsor to have them prepare a list of your proposed internship job responsibilities. You will need to have this in your possession before permission can be granted for enrollment in EE 497 and before permission can be granted by ISO for work authorization (if appropriate).
 Completion Date: _____

4. Arrange an appointment with Professor Hudson.

If you are an international students, bring to this meeting:

- a. the contact information for your internship sponsor.
- b. your completed description of your internship responsibilities provided by your proposed sponsor.
- c. your completed request for Curricular Practical Training.

Professor Hudson will review these forms and send them to the ISO office for their review. Only after the ISO office approves will permission be granted for you to enroll in EE 497.

- d. ISO review and approval: _____

If you are a domestic student, bring to this meeting:

- a. the contact information for your internship sponsor.
- b. your completed description of your internship responsibilities provided by your proposed sponsor.

Completion Date: _____

5. Obtain enrollment permission to register for internship from Professor Hudson. This permission will only be given after Form A is completed and all relevant tasks are completed above.
 Completion Date: _____

Minnesota State University, Mankato
Electrical or Computer Engineering and Technology
Undergraduate EE 497 Internship

6. After approximately two weeks in your internship position, complete with your Company Internship Coordinator Form B and have it delivered to Professor Hudson.
 Completion Date: _____

7. At the completion of your required internship hours, work with your company internship coordinator to complete Form C and have it sent to Professor Hudson.
 Completion Date: _____

8. Prepare your internship report using the guidelines provide by Professor Hudson.
 Completion Date: _____

9. Arrange an appointment to meet with Professor Hudson to discuss your Final Report – which will be placed in your student file – and to complete your Education Outcomes Assessment of your internship experience.
 Completion Date: _____

Note: International students must be enrolled full time during regular semesters, and must be moving toward timely completion of their degree in order to be involved in the internship program.

Only after all of these requirements have been met will it be possible to assign credit for this experience.

Minnesota State University, Mankato
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Undergraduate EE 497 Internship

Form A

Date _____

Student Name _____

Address _____

City _____ State _____ Zip _____

Phone _____ - _____ - _____

E-mail _____

Title and Description of Internship Position

Company / Organization

Credit hours of internship requested _____

Hours committed to work for total internship credit _____

Anticipated Starting Date _____

Contact Person _____

Contact Phone # _____ - _____ - _____

Readiness check: After each course, list the semester taken and the grade received:

EE 230 _____ COMS 171 _____

EE 231 _____ MATH 121 _____

EE 244 _____ MATH 122 _____

EE 254 _____

(This form to be maintained as part of the student file!)

Minnesota State University, Mankato
Electrical or Computer Engineering and Technology
Undergraduate EE 497 Internship

Form B – Page 1

(This form must be received before the student will be allowed to register for internship)

Date _____

Student Name _____

Supervisor Name _____

Company _____

Company Address _____

City _____ State _____ Zip _____

Phone _____ - _____ - _____

E-mail _____

Title of Internship Position _____

Anticipated Starting Date _____

Anticipated Hours / Week _____

Please use page 2 of Form B for a description of duties / responsibilities.

Please mail in a company letterhead envelope to:

Dr. William B. Hudson
Department of Electrical, Computer Engineering and Technology
137 South Trafton Science Center
Minnesota State University
Mankato, MN 56001

Phone: 507-389-5639

E-mail: william.hudson@mnsu.edu

**Minnesota State University, Mankato
Electrical or Computer Engineering and Technology
Undergraduate EE 497 Internship**

Form B – Page 2

Please describe the duties / responsibilities of the internship position. Of special interest will be the extent of involvement with electrical / electronic hardware.

Employer/Supervisor: _____ Date: _____

(This form to be maintained as part of the student file!)

Minnesota State University, Mankato
Electrical or Computer Engineering and Technology
Undergraduate EE 497 Internship

Form C – Page 1

To be completed by the Employer/Supervisor following completion of the internship experience.

Date _____

Student Name _____

Supervisor of Intern _____

Title _____

Company _____

Address _____

City _____ State _____ Zip _____

Phone _____ - _____ - _____

E-mail _____

Title of Internship Position _____

Ending Date of Internship Experience _____

Please use page 2 of Form C to describe the performance of the student in the internship position and any recommendations regarding the internship program.

Please mail in a company letterhead envelope to:

Dr. William B. Hudson
Department of Electrical, Computer Engineering and Technology
137 South Trafton Science Center
Minnesota State University
Mankato, MN 56001

Phone: 507-389-5639

E-mail: william.hudson@mnsu.edu

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Undergraduate EE 497 Internship

Form D

Educational Outcomes Assessment

To be completed by the supervising professor following completion of the internship experience.

Student Name _____

Please check the appropriate outcomes for experiences that the student has developed through the internship process. (Please use extra space provided to list additional outcomes.)

- Effectively identify, formulate, and solve an engineering problem.
- Understand professional and ethical responsibilities.
- More effectively communicate orally and in written form.
- Understand the documentation process for an engineering design problem.
- Better understand project management and rudimentary economic considerations associated with an engineering problem.
- Participate in a group atmosphere for the defining, planning, and execution of open-ended problems.
- Use software tools appropriate to solve engineering problems.
- _____
- _____
- _____
- _____
- _____
- _____

Professor: _____
Grade Assigned: _____

Date: _____

(This form to be maintained as part of the student file!)