EET 497 Internship  
Minnesota State University, Mankato  
Electrical and Computer Engineering and Technology

Steps to Complete Technology Undergraduate Internship

Name____________________ Tech ID________________ Email____________________

1. Complete readiness check section of Form A and verify readiness with Professor Winstead. **Do Not** contact employers until this step is completed!
   ☑ Completion Date: __________________

2. Locate suitable internship employer and determine their willingness to support your internship. Provide this information to Dr. Winstead for his approval.
   ☑ Completion Date: __________________

3. Arrange with your internship sponsor to complete page 1 of Form B. Schedule an appointment with Dr. Winstead. To this meeting bring a copy of the proposed list of responsibilities during the internship, an unofficial transcript, Form A, Form B, and your offer from your internship sponsor. Only when all requested materials are returned will permission be given to enroll in EET 497.
   ☑ Completion Date: __________________

4. After approximately two weeks in your internship position, complete page 2 of Form B with your Company Internship Coordinator and have it delivered to Professor Winstead by email, fax or postal services.
   ☑ Completion Date: __________________

5. After the completion of your required internship hours, work with your Company Internship Coordinator to complete Form C and have it sent to Professor Winstead.
   ☑ Completion Date: __________________

6. Prepare your final internship report, using the guidelines from the Department Website (http://cset.mnsu.edu/ecet/forms), within 2 weeks after the completion of your internship.
   ☑ Completion Date: __________________

7. Arrange an appointment to meet with Professor Winstead to discuss your Final Report – which will be placed in your student file – and to complete your Education Outcomes Assessment (Form D) of your internship experience.
   ☑ Completion Date: __________________

**Only after all of these requirements have been met will it be possible to assign credit for this experience.**
EET 497 Internship
Minnesota State University, Mankato
Electrical and Computer Engineering and Technology

Form A

Date

Student Name ___________________________  Tech ID ___________________________

Address

City ____________________ State _______ Zip ______________

Phone __________ - __________ - __________

Student E-mail __________________________

Title and Description of Internship Position

________________________________________

Company / Organization

________________________________________

Credit Hours of Internship _______________________

Hours Committed to work for each Credit _______________________

Anticipated Starting Date _______________________

Employer Contact Name _______________________

Employer Contact Email _______________________

Employer Contact Phone # __________ - __________ - __________

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

<table>
<thead>
<tr>
<th>EET Internship</th>
<th>Semester/Year</th>
<th>Grade</th>
<th>CET Internship</th>
<th>Semester/Year</th>
<th>Grade</th>
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EET 497 Internship
Minnesota State University, Mankato
Electrical and Computer Engineering and Technology

To be completed by the Employer/Supervisor prior to the start of the internship.

**Form B – Page 1**

<table>
<thead>
<tr>
<th>Date</th>
<th>____________________________</th>
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<tbody>
<tr>
<td>Student Name</td>
<td>____________________________ Tech ID ____________________</td>
</tr>
<tr>
<td>Supervisor Name</td>
<td>____________________________</td>
</tr>
<tr>
<td>Company</td>
<td>____________________________</td>
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<tr>
<td>Address</td>
<td>____________________________</td>
</tr>
<tr>
<td>City</td>
<td>____________________________ State _____ Zip ____________</td>
</tr>
<tr>
<td>Phone</td>
<td><strong><strong><strong>-</strong></strong><em>-</em></strong>______</td>
</tr>
<tr>
<td>Supervisor E-mail</td>
<td>____________________________</td>
</tr>
<tr>
<td>Title of Internship Position</td>
<td>____________________________</td>
</tr>
<tr>
<td>Anticipated Starting Date</td>
<td>____________________________</td>
</tr>
<tr>
<td>Anticipated Hours / Week</td>
<td>____________________________</td>
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</table>

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

Please mail in a company letterhead envelope to:

Dr. Vincent Winstead  
Department of Electrical, Computer Engineering and Technology  
242 South Trafton Science North  
Minnesota State University  
Mankato, MN 56001  

Phone: 507-389-5456  
Fax: 507-389-6280  
E-mail: vincent.winstead@mnsu.edu
Please describe the duties / responsibilities of the internship position. Of special interest will be the extent of involvement with electrical / electronic hardware.

Student Name: ______________________________  Tech ID: ____________________

Employer/Supervisor: ______________________________  Date: ______________
To be completed by the Employer/Supervisor following completion of the internship experience.

Date ________________________________
Student Name ________________________ Tech ID ______________
Supervisor __________________________
Company ____________________________
Address ______________________________
City ________________________________ State _____ Zip ____________
Phone ______-____-_______
Supervisor 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. Vincent Winstead
Department of Electrical, Computer Engineering and Technology
242 South Trafton Science North
Minnesota State University
Mankato, MN 56001

Phone: 507-389-5456
Fax: 507-389-6280
E-mail: vincent.winstead@mnsu.edu
1. Evaluate the student’s performance of assigned tasks.

2. Evaluate the preparation of the student for the internship position. Consider strength and weaknesses and how the student compared with other beginning employees. Please make any suggestions for changes in our curriculum that would make student interns more effective for your organization.

3. Summarize your reactions to our internship program. Please suggest ways in which the program might be improved.

4. Would you / your company be interested in employing student interns from our program in the future?

Employer/Supervisor: _______________________________ Date: ____________
Educational Outcomes Assessment

To be completed by the internship supervisor following completion of the internship experience.

Student Name ________________________________ Tech ID________________

Please check the appropriate outcomes that you believe the internship provided. For those that were available please rate the student’s performance.

Internship provided the opportunities to:

Yes  No
___  ___ Effectively identify, formulate, and solve an engineering problem.

<table>
<thead>
<tr>
<th>N/A</th>
<th>Poorly Prepared</th>
<th>Satisfactory</th>
<th>Excellent</th>
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</thead>
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</table>

___  ___ Understand professional and ethical responsibilities.

<table>
<thead>
<tr>
<th>N/A</th>
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<th>Satisfactory</th>
<th>Excellent</th>
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___  ___ More effectively communicate orally and in written form.

<table>
<thead>
<tr>
<th>N/A</th>
<th>Poorly Prepared</th>
<th>Satisfactory</th>
<th>Excellent</th>
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</table>

___  ___ Understand the documentation process for an engineering design problem.

<table>
<thead>
<tr>
<th>N/A</th>
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<th>Satisfactory</th>
<th>Excellent</th>
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___  ___ Better understand project management and rudimentary economic considerations associated with an engineering problem.

<table>
<thead>
<tr>
<th>N/A</th>
<th>Poorly Prepared</th>
<th>Satisfactory</th>
<th>Excellent</th>
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(Continued)
Yes  No

___ ___ Participate in a group atmosphere for the defining, planning, and
execution of open-ended problems.

<table>
<thead>
<tr>
<th>N/A</th>
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</table>

___ ___ Use software tools appropriate to solve engineering problems.

<table>
<thead>
<tr>
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<th>Poorly Prepared</th>
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<th>Excellent</th>
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Software required:

________________________________________________________

________________________________________________________

________________________________________________________

Other skills the student developed and/or demonstrated that you feel are important:

________________________________________________________

________________________________________________________

________________________________________________________

________________________________________________________

________________________________________________________

________________________________________________________

Additional Comments (Optional):

________________________________________________________

________________________________________________________

________________________________________________________
Educational Outcomes Assessment

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

Student Name ___________________________ Tech ID________________

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 Name: Dr. Vincent Winstead

Signature: ___________________________ Date: ____________

Grade Assigned: ________________