

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

Date _____

Student Name _____ Tech ID _____

Supervisor Name _____

Company _____

Address _____

City _____ State _____ Zip _____

Phone _____ - _____ - _____

Supervisor 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. Puteri Megat-Hamari
Department of Electrical and Computer Engineering and Technology
138 South Trafton Science North
Minnesota State University
Mankato, MN 56001

Phone: 507-389-1274
E-mail puteri.megat-hamari@mnsu.edu

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

To be completed by the Employer/Supervisor within 2 weeks after the start of the 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.

Student Name: _____ Tech ID: _____

Employer/Supervisor: _____ Date: _____