CMIS 587 Internship Approval Letter

To the Student: Complete your portion of this form. Take the form to the firm where you wish to complete your internship and ask your supervisor-to-be to complete their portion of the form. Return the completed form to the MS CMIS Program Director in order to enroll in the course. This form must be completed prior to approval of the internship and enrollment in CMIS 587.

Your Name: _____ Student ID: _____

Semester (circle one): Fall, Summer, Spring Year: _____

Hours of Credit Requested (maximum 3 hours in one term, maximum 6 hours total provided the internship experience is NOT repeated): _____

To the Internship Company and Internship Supervisor: The above named student is requesting internship credit in CMIS 587 - Information Systems Internship while working at your firm. This credit counts as an elective within the student's academic program of study and offers the student the opportunity to put concepts and knowledge learned in the classroom to work. The student must complete a minimum of 120 hours of work in a supervised position that involves either systems administration, systems maintenance, systems development, or systems support. At the end of the term you will be asked to complete an evaluation of the student's performance. Your evaluation will constitute a major portion of the grade the student receives in the course. A standard evaluation form will be used and your evaluation may be submitted in confidence without the student seeing the evaluation. We ask that you follow normal industry practice in terms of providing the student with objectives to be met while working for you, and with evaluating the student's performance in meeting the stated objectives.

Certificate: I certify that the above named student is approved to work within our firm as an intern. I will provide a written evaluation of the student's performance as an intern at the end of the academic term.

Supervisor Signature: _____ Date: _____

Supervisor Name: _____ Work Phone: _____

Company Name: _____

Address: _____

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