



ECEE Professional Internship Agreement

Name (Last Name, First Name)

CU Email Address

Student ID Number

Degree Pursuing

GPA

Term Applying For

Have you already taken this course for credit? Yes/No

How many hours will you work per week?

Name of Industry Supervisor

Industry Supervisor Email

Describe academic goals of the internship (i.e. learn new area of ECEE or new techniques and tools, apply classroom knowledge in a professional setting, etc.)

Describe the nature and work of the proposed internship.

AGREEMENT: By signing this, I agree to abide by the requirements stated on the [ECEE Professional Internship website](#). I also verify that this internship does not overlap significantly with a work-study, independent study, or any other paid work that I am undertaking, if any.

Student Signature

Date

Industry Supervisor Signature

Date

This must be a physical signature or an e-signature provided through Docusign or another e-verify signing service.