COMPSCI 493 – Internship in Computer Science – UW-Whitewater
Request to Enroll

Student’s Name ___________________________________________  UW-W ID # _____________
UW-W Email _____________________________________________  Phone _________________
Term: Winterim  Spring  Summer  Fall  Year:_________  Credits:  1  2  3
======================================================================
Internship Employer  ________________________________________________________________
Location __________________________________________________________________________
Work Supervisor (if known) _________________________  Email _________________________
Start Date ________________  End Date ________________  Avg. Hours per Week ___________

Job Duties: Describe the computer science-related activities you expect to complete, or
attach a copy of your job description.

======================================================================
I have been offered this position and accepted it. I intend to work the stated number of
hours per week during the internship. I understand and expect to fulfill the requirements
for earning a Satisfactory grade in COMPSCI 493.

Student’s Signature  ______________________________________ Date ____________________
======================================================================
Please give this student permission to enroll in my section of COMPSCI 493. This student
meets the department’s requirements to enroll in COMPSCI 493, and this internship is
expected to provide the student with computer science experience.

UW-Whitewater Internship Supervisor’s Name  ______________________________________
Signature ________________________________________________ Date ____________________