

COMP 293 Internship in Computer Science Learning Contract

STUDENT INFORMATION

Name

INTERNSHIP INFORMATION

Organization

Work Location

Dates of Internship

Number of Weeks

Hours per Week

2-week Confirmation Due Date

Final Report Due Date (no later than first day of exams)

Expected Work Assignment

INTERNSHIP CONTACT

Email

Phone number

EXPECTED SUPERVISOR

Email

Phone number

SUPERVISOR RESPONSIBILITIES:

I understand that as the student's supervisor, I agree to take on the following responsibilities:

- confirm that the description above is correct
- notify the Director of Undergraduate Studies of the exact nature of the internship and confirm the internship two (2) weeks after its start
- confirm the successful completion of the internship in writing, covering both the satisfactory completion of the work and the duration of the internship by the final report date listed
- assure that none of the information in any of these descriptions is proprietary or confidential

Signature

Date