

Southern Oregon University Graduate School
PROFESSIONAL SCIENCE MASTERS IN APPLIED COMPUTER SCIENCE
INTERNSHIP DESCRIPTION FORM

Student Name _____ Phone _____ Student ID# _____

Address _____

Internship Company Name _____

Expected hours per week: _____ Internship Duration _____

Supervisor _____ Phone _____ E-mail _____

Internship Description _____

Principle Advisor _____ Date _____

Graduate Coordinator _____ Date _____

Department Chair _____ Date _____

