

REGISTRATION FORM FOR CS 3950
DEPARTMENT OF COMPUTER SCIENCE

_____ year

Fall

Spring

Summer

Today's Date: _____

FOR CS 3950:

Have you received the pre-approval from Internship Coordinator (yes or no)?

Yes

No

(The pre-approval email MUST be attached to this form to register for CS Experiential Learning Courses.)

Student Information

Name: _____ Phone: _____

BGSU ID: _____ BGSU Email: _____

Degree Program: _____

(e.g., B.S. in CS, B.A. in CS, B.S. in CS Software Eng. Specialization, M.S. in CS)

Class Standing: Freshman Sophomore Junior Senior

Your Experiential Learning Information

Company Name: _____ Location of Work (City, State): _____

Dates of work experience: from _____ to _____ _____ weeks

Average hours worked per week: _____ hours per week

Contact Information for your immediate supervisor: Name: _____

Email: _____ Phone Number: _____

CS Experiential Learning Credits

Check Credit Hours Requested (each credit hour corresponds to about 120 hours of employment)

Undergraduate Students: 3 hours of CS 3950 2 hours of CS 3950 1 hour of CS 3950

Signature of Student:

Department of Computer Science will complete the registration for this section. Return this form to the Department of Computer Science, 221 Hayes Hall. Note that these courses are graded S/U.

During the semester you are registered for the experiential learning course, a written report on experiential learning experience, a supervisor survey, and a self-evaluation will need to be submitted. (Details will be given on Canvas and/or via email.)

For Department Use Only

Hours Approved: Fall _____ Spring _____ Summer _____

Registered by: _____ Date: _____