

**REGISTRATION FORM FOR DATA 7890
DATA SCIENCE**

Consult with Graduate Coordinator before submitting this form!

Please attach offer letter to this form!

Student Information

Name: _____ Phone: _____

BGSU ID: _____ BGSU Email: _____

Degree Program: M.S. in Data Science Ph.D. in Data Science M.S. & Ph.D. in Data Science

Internship Information

Semester/Year of Internship: _____

Company Name: _____

Location of Work (City, State): _____

Dates of work experience: from _____ to _____ weeks

Average hours worked per week: _____

Contact Information for your immediate supervisor:

Name: _____

Email: _____

Phone Number: _____

Internship Credits

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

0 hours

1 hour

2 hours

3 hours

Signature of Student: _____ **Date:** _____

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.

Signature of Program Coordinator: _____ **Date:** _____