

REGISTRATION FORM FOR DATA 7890
DATA SCIENCE

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:

Return this form, via email, to the Department of Computer Science internship coordinator. Once the internship coordinator approves the form you will be registered for the hours. Note that these courses are graded S/U.