

Attachment B

**DEPARTMENT OF CIVIL AND ARCHITECTURAL ENGINEERING
PRACTICUM / COOP / INTERNSHIP DATA FORM**

Last Name: _____ First Name: _____

Present Address: _____ P.O. Box: _____

City: _____ State: _____ Zip Code: _____

Present Telephone: (Where you can be reached) _____

E-mail Address: _____

Permanent Address: _____

Telephone Number: (_____) _____

Company Name (Where you have accepted an intern or coop): _____

Company Address: _____

City: _____ State: _____ Zip Code: _____

Company telephone: (_____) Fax Number: (_____)

Company web page: _____

Supervisor name: _____

Supervisor E-Mail: _____

Date to Start: _____ Date to End: _____

Address while doing internship: _____

City: _____ State: _____ Zip Code: _____

Telephone number: (_____) _____

The following are to be answered following the internship or coop.

List the primary responsibilities held during the intern/coop. _____

Number of hours worked per week: _____

List the courses taken that were most beneficial in your position. _____

List the course(s) that you have not had which would have been beneficial in your position.

Required submission of the Employer/Supervisor Survey of Student Internship/Coop Form upon completion of the internship.