

**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.A. in CS, B.A. in CS with Business System Specialization)

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: _____ hour 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 hours 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 _____

Date Registered: _____ _____ _____