## Southern Oregon University Graduate School PROFESSIONAL SCIENCE MASTERS IN APPLIED COMPUTER SCIENCE INTERNSHIP DESCRIPTION FORM

Student Name	P	hone	Student ID#	
Address				
Internship Company Name				
Expected hours per week:	Internship D	uration		
Supervisor	Phone	E-mail_		
Internship Description				
Principle Advisor			Date	
Graduate Coordinator			Date	
Department Chair			Date	

Technical Environment (Software (tools/languages/systems) and Hardware)					
Measurable Deliverables					