

Advisor Recommendation for Internship

This form must be completed by the student, signed by the research advisor, and provided to B.J. Fecich.

Student's Andrew ID: _____

Student Name: _____

Employer Name: _____ Full Time or Part Time: _____

Employer Address: _____

Title of your position: _____

Dates of Training: from _____ to _____
Month / Day / Year Month / Day / Year

Description of how the internship objectives are directly related to your thesis (attach additional page if needed): _____

I, would like to register for _____ units of 16-990, RI Practicum, for the _____ semester of 20____. I will submit a one page report to B.J. the day before grades are due.

Student Signature: _____ Date: _____

Is the primary purpose of this employment experience to collect data for the student's thesis?
 Yes No

I certify that the work described above is beneficial to the completion of the M.S. program in Robotics, and agree to supervise the work.

Advisor Name: _____

Advisor Signature: _____ Date: _____