



## **ENGINEERING TECHNOLOGY DEPARTMENT**

### **Internship and Cooperative Work Experience (Co-op)**

#### **Internship Program for Engineering Technology Concentrations**

- 1. Electrical Concentration (Electronics)**
- 2. Electrical Concentration (Robotics)**
- 3. Manufacturing Concentration**
- 4. Manufacturing Concentration (Robotics)**
- 5. General Concentration (Civil Specialization)**
- 6. General Concentration (Mechanical Specialization)**

# Student Responsibilities

1. *Contact your concentration advisor for your Internship or Co-op:*

## **Electrical Concentration (Electronics)**

Mr. Adel Salama, Chair

Office: (931) 221-1427

[salamaa@apsu.edu](mailto:salamaa@apsu.edu)

Office Location: Room 1208

## **Electrical Concentration (Robotics)**

## **Manufacturing Concentration (Robotics)**

Dr. Chin-zue Chen

Office: (931) 221-1472

[chenc@apsu.edu](mailto:chenc@apsu.edu)

Office Location: Room 1107

## **Manufacturing Concentration**

Mr. John Byrd

Office: (931) 221-1474

[Byrdjl@apsu.edu](mailto:Byrdjl@apsu.edu)

Office Location: Room 1108

## **General Concentration (Civil Specialization)**

Dr. Abu Sarwar

Office: (931) 221-1473

[sarwara@apsu.edu](mailto:sarwara@apsu.edu)

Office Location: Room 1207

## **General Concentration (Mechanical Specialization)**

Dr. John Blake

Office: (931) 221-1476

[chenc@apsu.edu](mailto:chenc@apsu.edu)

Office Location: Room 109

2. *Your advisor is the person who will approve your internship/Co-op along with the department chair. To receive college credit based on this work, you must gain approval before you accept the internship/Co-op. There is a place on Form A for them to sign. We must have their signature before you begin your internship/co-op.*

3. *If your advisor approved to have Co-op, you must register for ENGT 2990 Cooperative Work Experience (3 hours) for sophomore standing; or ENGT 3990*

*Cooperative Work Experience (3 hours) for Junior Standing depending on your concentration. You must register only for one course for your degree but there is no limit of work or time on Internship. You must register for course during the semester of your actual Co-op. Which class you register for depends on your concentration. See your advisor for clarification.*

*4. You must complete 640 clock hours in order to receive class credit.*

*5. You are expected to work hard, and be professional at all times.*

*5. Contact your advisor if any conflicts or problems occur during your internship or co-op.*

*6. Immediately notify your company supervisors of any sickness or emergencies that will prevent the performance of assigned duties. This should be followed by a written confirmation to both the company and Engineering Technology Department.*

*7. Email your faculty contact within the first week to let him know you have started.*

*8. Complete Internship/Co-op Information (Form A). If you are not sure of some of the information before you start your internship, you may mail it or fax it back to the department. You will need to get approval from your faculty advisor, who will monitor your internship/ Co-op for approval.*

*9. All Co-op students must complete a Daily Log by reporting each day's activities in a professional manner. Email your report each Monday during the internship experience (Form B). You may email your report as a Word document or type your log into the body of the email.*

*10. At least two weeks before the end of your internship, you should ask your company supervisor to complete a supervisor's evaluation form (Form C). This form **MUST** be mailed directly to us from your supervisor on company stationary. This form **SHOULD NOT** be mailed by you or hand delivered by you, but must come directly from your company supervisor.*

*11. You also must complete an intern evaluation (Form D). This evaluation will be read only by your faculty advisor and Chair. It will not be sent to your workplace supervisor.*

***IMPORTANT: Both evaluation forms for Co-op Students must be submitted before the end of the semester or you will receive an incomplete or failing grade for the Co-op, Be sure to give this form to your supervisor so they will have time to complete it.***

***12. A faculty member from the department MAY visit your work place during your internship/Co-op.***

## **Internship and Co-op Checklist**

- 1. Registered for ENGT 2990 or ENGT 3990 (Ask your advisor if you are not sure) for Co-op only (limited for 3 Credit)**
- 2. Paid tuition for Co-op course.**
- 3. Completed Intern and Co-op Information Form (Form A).**
- 4. Faculty Advisor signed Form A before turning it in or email instructor of approval.**
- 5. Contact your advisor by email within one week of starting.**
- 6. Contacted your advisor within last two weeks of Intern/Co-op period.**
- 7. Completed student intern evaluations and mailed in plenty of time.**
- 8. Supervisor evaluations must be mailed in time to receive before grades are due.**
- 9. Met with supervisor about your evaluation.**
- 10. Completed 640 work hours for Co-op course.**
- 11. Completed Daily Logs for Co-op course and mailed them in each Monday (Form B).**

**Austin Peay State University  
Engineering Technology Department  
Internship and Co-op Information**

**Personal**

Name: \_\_\_\_\_ Student ID: A \_\_\_\_\_

**Address and contact information during internship:**

Street: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_

Phone Number: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Cell Phone: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Email during internship: \_\_\_\_\_

Major Concentration: \_\_\_\_\_

Advisor's Name: \_\_\_\_\_

*Advisor's Signature for approval:* \_\_\_\_\_

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**Company Information:**

Name of Supervisor: \_\_\_\_\_ Title: \_\_\_\_\_

Company Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone: (\_\_\_\_\_) \_\_\_\_\_

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**Previous Internship or Co-op**

EMPLOYER	DATES		DUTIES
	FROM	TO	

*You may turn this form in as the Department Office or emailed to instructor as pdf.*

**Form B**

**Austin Peay State University  
Engineering Technology Department  
Daily Log Activities  
Weekly Report**

**Monday, (Date: Mo/Day/Year)**

**Tuesday, (Date: Mo/Day/Year)**

**Wednesday, (Date: Mo/Day/Year)**

**Thursday, (Date: Mo/Day/Year)**

**Friday, (Date: Mo/Day/Year)**

**Name:** \_\_\_\_\_ **Employer:** \_\_\_\_\_

**Reporting Period: from** \_\_\_\_\_ **to** \_\_\_\_\_

**Number of Hours during Reporting Period:** \_\_\_\_\_

**Cumulative Hours Worked to Date:** \_\_\_\_\_

*You may make this form in a word document and attach it to your email or just write your report in the body of the email text; Be sure to include reporting period and cumulative hours.*

## Supervisor's Evaluation

Intern: \_\_\_\_\_ Date: \_\_\_\_\_

Student's Name

Employer: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Company Name

***Directions:*** Please evaluate the intern's performance, compared to other student employees with similar academic preparation. Please use the scale below:

5 – Excellent

3 – Satisfactory

1 – Unsatisfactory

4 – Above average

2 – Below average

N/A – Not applicable

<i>Performance</i>	<i>Rating</i>	<i>Comments</i>
Quality of Work (Accuracy and thoroughness)		
Quantity of Work (speed and timeliness)		
Completion of Assignments		
Use time effectively		
Oral Communication skills		
Written Communications Skills		
Acceptance of Responsibilities		
Response to Constructive Criticism		
Cooperates with co-workers and supervisor		
Self-motivation, seeks assignments		
Interest in work, enthusiastic		
Appropriate dress and appearance		
Demonstrates creativity, originality		
Adherence to company rules and procedures		
Overall Performance		

\_\_\_\_\_  
Supervisor's Signature      date\_\_\_\_\_  
Student's Signature      date



## Intern's Evaluation

Intern: \_\_\_\_\_ Date: \_\_\_\_\_  
 Student's Name

Employer: \_\_\_\_\_ Supervisor: \_\_\_\_\_  
 Company Name

***Directions:*** Please evaluate the internship / Co-op experience using the scale below:

**5 – Excellent**

**3 – Satisfactory**

**1 – Unsatisfactory**

**4 – Above average**

**2 – Below average**

**N/A – Not applicable**

Work Experience	Rating	Comments
Relationship of work to career goals		
Training received		
Supervision Received		
Level of responsibility assigned		
Abilities utilized		
Overall rating of Performance		

Learning Experience	Rating	Comments
Learned information, skills or techniques not learned in class		
Gained career and professional knowledge		
Relationship of academic preparation to work assigned		
Overall rating of Learning		

Professional Development	Rating	Comments
Gained greater self-confidence		
Improved understanding of strengths and weaknesses		
Met people who contributed to my professional growth		
Overall rating of Professional Development		

***Overall rating of Internship/Coop experience (rate 1 to 5):***

## **Intern's Evaluation**

**1. What did you like most about your internship/coop experience?**

**2. What did you like least about your internship/coop experience?**

**3. What would you do differently about your internship/coop if you could do it over again?**

**4. How did the internship/coop affect your educational or professional plans?**

\_\_\_\_\_  
**Student's Signature**

\_\_\_\_\_  
**date**

*Return completed evaluation to your advisor*