Computer Science CPT Internship Application

Name: __________________________ Degree (circle one): AB  ScB  ScM  Graduation Year:____

Concentration: ______________________ Professional Track: Y or N

General Instructions: Please fill this in as completely as possible. Once you’ve entered all information, please get this signed by the director of the Master’s or Undergraduate program. Once signed, bring this application to the Office of International and Student Scholar Services (OISSS).

Undergraduate concentrators are required to do two summers of internships in areas related to the concentration in order to satisfy concentration requirements. See http://www.cs.brown.edu/degrees/undergrad/concentrations/ for detailed information on concentration requirements.

Internship location (company name and address): ____________________________________________________________________________________________________________

Internship Start Date: ____________

Internship End Date: ____________

Will work ________ hours/week

Job title (if appropriate) and details of work to be performed during your internship:

____________________________________________________________________________________________________________________________________________________

Relevance to graduate research or undergraduate concentration:

____________________________________________________________________________________________________________________________________________________

Undergraduates only (please circle): This is my 1st or 2nd internship.

Concentration Advisor’s name: ____________________________________________________________

_________________________________________  __________________________________________

Student Signature  Program Director’s Signature

_____________________________  ______________________________

Date  Director’s Name (printed)