

Job Eligibility Form

Students who secure an internship without the assistance of their program department must have the position approved by the CIP Coordinator. Once you have completed this form, please email it to internship@ee.ryerson.ca for processing.

The requirements for an acceptable internship position are:

- *The job must be “engineering-related.”*
- *The job must be ‘discipline related.’*
- *The job should involve working with engineers.*
- *The job must be 8, 12, or 16 consecutive months with the same company.*
- *Students must be paid.*

An internship position is considered ‘engineering related’ if it provides the student with:

- *An opportunity to gain understanding of and/or personal involvement in the practical application of engineering, and/or*
- *Exposure to an environment of engineering which encourages the development of professional responsibility, maturity and judgment.*

SECTION 1: Student Information

This section must be completed by the prospective intern.

Name:	
Student Number:	
Program of Study:	<input type="checkbox"/> Biomedical Engineering <input type="checkbox"/> Computer Engineering <input type="checkbox"/> Electrical Engineering
Ryerson Email:	
Telephone:	
Internship Role:	
Internship Start Date:	
Internship End Date:	
Internship Duration:	<input type="checkbox"/> 8 months <input type="checkbox"/> 12 months <input type="checkbox"/> 16 months

I understand that the position described must be approved by the CIP Coordinator to count towards my internship and that filing this form does not guarantee its eligibility. If approved as a valid internship position, I will need to fulfill all the usual CIP requirements to pass the internship term associated with this position. These will include paying the internship fee, registering in WKT99A, achieving a satisfactory evaluation from my employer, and completing the internship work experience survey.

Student’s Signature: _____ **Date:** _____

SECTION 2: Employer Information

This section must be completed by the prospective employer.

Company Name:			
Address:			
Supervisor Name:			
Supervisor P.Eng Status: (licence)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Email Address:			
Internship Start Date:		Internship End Date:	
Salary:			

Duties & Responsibilities

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Please note the position described above must be approved by the CIP Coordinator. Filing this form does not guarantee its eligibility. If approved as a valid internship, the supervisor is requested to allow a representative from the Department of Electrical and Computer Engineering to visit the student and their supervisor at the workplace, to evaluate the students' experience at least once during their employment.

Supervisor's Signature: _____ **Date:** _____

To be completed by the Department of Electrical and Computer Engineering.

Approved as a valid internship position

Not a valid internship

Internship Coordinator Signature: _____ **Date:** _____