YORK U
LASSONDE UNIVERSITÉ UNIVERSITY

Graduate Program Assistant
Electrical Engineering & Computer Science

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Specialization in Artificial Intelligence - Industry Internship Approval

Student information	
Surname:	Given name(s):
Student number:	Email:
Degree & level of study: Specialization in AI, Level 1	Academic session:

Industry internship information
Company name:
Company address:

Start date (mm/dd/yyyy):	End date (mm/dd/yyyy):

Expected duties and requirements of internship. (Attach additional pages if needed).

Approvals		
Name	**Signature**	**Date (mm/dd/yyyy)**
Supervisor:		
Industry liaison:		
Committee member:		
Committee member:		
Graduate program director:		

Revised Fall 2018