

**LA TROBE UNIVERSITY
DEPARTMENT OF ELECTRONIC ENGINEERING**

INDUSTRY EXPERIENCE APPROVAL FORM
(for student to complete before commencing Industry Experience)

Student name:

Student No: Year of course: (eg. 3, 4 or 5)

Student correspondence address:

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Course in which enrolled:

Details of Proposed Industry Experience:

Company name:

Company address:

..... Postcode

Name of supervising engineer, qualifications and position held in company:

.....

Phone no:

- Please confirm that your supervisor is an engineer and is eligible for full membership to the IEAust, by ticking the following box . *Please note this box must be ticked for approval.*
- Proposed dates of employment: From ___/___/___ to ___/___/___ No of weeks:

Describe type of work proposed:

.....

.....

Student's signature: Date: ___/___/___

Departmental Approval:

This proposal is approved:

Signature: Date: ___/___/___

Name:

Other relevant comments:

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Upon completion of this program of industry experience, you should obtain the Student Report form from the Department of Electronic Engineering. You must submit the appropriate company letter and Student Report Form for approval of the industry experience requirements.