TO: Student Intern/ECI Student/CO-OP Student

SUBJECT: Required Student Project Information Sheet (SPIR)

The University at Buffalo School of Engineering and Applied Sciences has a strong commitment to make each student internship project result in value-added benefits to our employer partner. We feel this commitment will be of significant advantage to both employer and student.

With this in mind, attached is a form for you to summarize your internship project, including its economic and technical impact on the company that you are serving.

We ask you, the student, to take responsibility for assessing the impact of your contribution by completing this form and having your company supervisor and faculty advisor sign the completed form at the end of your work assignment.

We recognize that it may be sometimes difficult to precisely quantify project results. However, we ask for the best information that you can reasonably obtain without causing undue time and inconvenience to your employer organization. Again, our objective is to focus on the importance of your contribution to the profitability of your employer and learning to quantify the value of your contribution. Any questions on this subject can be directed to your faculty advisor or to me at (716) 645-2768.

Dean C. Millar
Assistant Dean
Strategic Partnership for Industrial Resurgence
2004 Student Project Information Sheet

Semester: □ Fall □ Spring □ Summer

Work Experience Program:
□ Intern □ Co-op □ Engineering Career Institute (ECI)

Company Name and Location
Company Name:
Address:

Type of Business:
□ Biotechnology □ Computer/Software
□ Educational Technology □ Electronics
□ Energy □ Engineering Consulting Firm
□ Environmental Engineering □ Materials/Chemical Engineering
□ Mechanical Products □ Parts Supplier
□ Other (specify)

Project Information
Project Name:
Brief Description (use bullets):

Economic Impact
Please quantify the positive economic impact of this project (e.g. creation of improved products or processes, sales increase, cost reduction, creation of new jobs).

Technical Impact
What was accomplished?

Project Duration:

Student(s) Involved:

Faculty/Staff Involved:

Department:

Company Supervisor
Print Name: ____________________________
Signature: ____________________________
Title: _________________________________
Phone Number: _______________________
Date: ________________________________

UB Faculty Advisor
Print Name: ____________________________
Signature: ____________________________
Title: _________________________________
Phone Number: _______________________
Date: ________________________________