

# UNIVERSITY OF MINNESOTA

*Duluth Campus*

*Master of Environmental Health and Safety Program  
Department of Mechanical and Industrial Engineering  
Swenson College of Science and Engineering*

*105 Voss-Kovach Hall  
1305 Ordean Court  
Duluth, MN 55812-3042*

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## **SAFE 6997: Cooperative Internship Project Proposal Form**

Student name \_\_\_\_\_ Student ID \_\_\_\_\_

Correspondence address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip code \_\_\_\_\_

Telephone number \_\_\_\_\_ E-mail \_\_\_\_\_

Internship position or job \_\_\_\_\_

Firm \_\_\_\_\_ Supervisor \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip code \_\_\_\_\_

### **Project description and objectives**

Describe the project and its rationale, including a list of the tasks to be completed and what will be delivered to the company (e.g., report, trainings, etc.).

*[attach additional pages as necessary]*

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## **Project agreement**

*Unless agreed upon by all three parties, no changes will be made to the major tasks or deliverables sections in the above proposal.*

### ***Student***

I agree to work with my supervisor to complete this project as described above and to work with my advisor to ensure timely completion of the Plan B requirements associated with this project.

Student: \_\_\_\_\_ (signature)  
\_\_\_\_\_ (printed)      Date: \_\_\_\_\_

### ***Supervisor***

The project as described will meet a significant environmental health and safety need for my organization and I am willing to work with this student to ensure that the project is completed successfully. Also, if the project involves confidential or proprietary material, I will notify the student's advisor to make the necessary arrangements addressing how the student may report, present, submit and/or publish such material as part of the student's internship requirements (i.e., the "Plan B" component).

Supervisor: \_\_\_\_\_ (signature)  
\_\_\_\_\_ (printed)      Date: \_\_\_\_\_

### ***Advisor***

The project as described meets the requirements of the UMD MEHS program for the internship program and the associated Plan B component and I am willing to work with this student to ensure that the Plan B requirements are completed satisfactorily.

MEHS Advisor: \_\_\_\_\_ (signature)  
\_\_\_\_\_ (printed)      Date: \_\_\_\_\_