



STUDENT NAME _____ PEOPLE SOFT ID # _____

LOCAL PHONE _____ EMAIL _____

TERM _____ YEAR _____ HOURS/WEEK (# of CREDITS) _____
(~5/wk = 1 credit) (S/NC Grade Only)

SITE DETAILS:

COMPANY/ORGANIZATION NAME _____

SUPERVISOR'S NAME/TITLE _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

PHONE _____ EMAIL _____

PURPOSE: (What do you expect to learn from this project?)

DESCRIPTION: (What will you do at the internship site or what research will you conduct in your independent study?)
May attach description if desired.

INTERNSHIP SUPERVISOR RESPONSIBILITIES:
(Describe how the student will be supervised and evaluated.)

**DEPARTMENT OF BIOLOGICAL SCIENCES
FACULTY CO-SPONSOR RESPONSIBILITIES:**
(Describe how the student will be supervised and evaluated.)

Supervisor Initials: _____

Co-Sponsor Initials: _____

Student Initials: _____