

Biomedical Sciences Student Internship Approval Form

Date Submitted: _____

Please Print or Type the Following Information

Student Information:

Name: _____ Student ID#: _____

BISC Faculty Adviser: _____ Expected Graduate Date: _____

2nd Major(s): _____ Minor(s): _____

MU Email: _____ Phone: _____

Mailing Address During Internship: _____

Organization/Supervisor Information:

Company Name: _____ Department: _____

Supervisor Name: _____ Title: _____

E-mail address: _____ Phone: _____

Business address: _____

Internship Information:

Proposed internship title:

Dates of Internship:

Hours worked each week:

Number of Credits:

Semester of Internship:

Year:

Description of Internship:

Internship Goals and Objectives: Provide a description of several goals and objectives to be achieved through this internship. What will you attempt to gain from this experience?

To the best of my knowledge the information entered on this form is true and correct:

Student Signature: _____

Date: _____

Information Verification (for the Internship Committee use only)

The Internship is: Approved _____, not Approved _____

If not approved, why? _____

Signed by: _____

Date: _____

BISC Internship Director