

BIOLOGY DEPARTMENT INTERNSHIP APPROVAL

(Please print legibly)

Student Name: _____ **ID#:** _____

is enrolling in **course #3100:** _____ / **class #** _____ Internship in Biology, during the

Fall _____ **Spring** _____ **Summer** _____ semester of **20** _____ for _____ credit(s).

The time commitment is: *1 credit = 3 hours/week* in the fall or spring semester; *1 credit = 9 hour/week* in a 5-week summer session

1. Name of the business where you will intern: _____

2. Briefly describe biologically-related aspects of the internship and the concepts you expect to learn/master:

3. Contact information for the person who will oversee your internship:

Name: _____ Phone: _____

E mail: _____

4. Your grade will be determined by hours worked and quality of work, as determined by the person with oversight of your internship (See #3, above)

Student Signature

Department Head

Date

Distribution:

1. Student
2. Department File

Note: A maximum of 3 semester credits may be applied toward minimum credit requirements for the degree.

Submit to: Biology Department, Auburn Science & Engineering Center 235 Carroll St. Rm D 401, Akron, Ohio 44325-3908

Revised Jan. 8, 2019