The information requested below, along with appropriate signatures, must be completed before a student can register for an internship carrying department credit.

Please complete this form (obtaining the required signatures) and submit it to the MCB undergraduate coordinator for signature and then to MCB undergraduate advisor for registration (Room 1049/1047 Microbiology and Cell Science).

**REQUIREMENTS:** A student must be in good standing and have a cumulative grade point average of at least 2.5.

- Date: ________________
- UFID ________________
- Name: ____________________________
- Major/Year/College: ______
- Phone: ____________________________
- Email: ____________________________
  (email where you can be contacted during your internship)
- Semester/year of internship: __________
- Place of Internship (Company or Organization):
  ___________________________________________________________________
- Description of Internship:
  ___________________________________________________________________
  ___________________________________________________________________
- Number of Credit Hours: __________
  - 1 Credit Hour: 150 internship work hours required, minimum (3.75 weeks @ 40h/week)
  - 2 Credit Hours: 260 internship work hours required, minimum (6.5 weeks @ 40h/week)
  - 3 Credit Hours: 370 internship work hours required, minimum (9.25 weeks @ 40h/week)

This is a _____ paid_____ unpaid internship

- Faculty Internship Advisor (Name, Department, email - optional):
  __________________________________________

- Off-Campus Internship Supervisor: __________________________________________

- Supervisor Phone: ____________________________
- Supervisor email: ____________________________

Acceptance or offer letter for proof of your opportunity attached? _____ Yes _____ No
Evaluation To Be Based On (at least):
1. Journal or Lab notebook copy ____________________________
2. Internship project (written up as paper). __________________
3. Letter of accomplishment/completion from off-campus supervisor(s). ______
4. Electronic Poster (with typed talking points). ________________
5. Other (Specify) __________________________________________

GRADING WILL BE BASED ON S/U

SIGNATURES:

Student ___________________________ Date: _________________

Faculty Supervisor (optional) ________________ Date: ______________

Undergraduate coordinator _________________ Date: _______________

Academic Advisor _______________________ Date: ________________

NOTE:
In addition to this department form, students must be registered on ISIS in order to receive academic credit.
In addition to this form submit your acceptance or offer letter for proof of your opportunity