

Student Name: _____

Date: _____

Faculty Name: _____

Department: _____ **University/College:** _____

Phone: _____

Email Address: _____

Internship Start Date: _____ **Internship End Date:** _____

NOTE- Internship must be at least 240 hours during the summer.

Please write a short paragraph describing what you will do during your summer research:

(Faculty signature)

(Student signature)