

STEM Career Development Initiative

SUMMER 2015 RESEARCH INTERNSHIP FORM

Student Name:		Date:
Faculty Name:		
Department:	University/College:	
Phone:	Email Address:	
Internship Start Date: NOTE- Internship must be at l	Internship End Date:_ east 240 hours during the summer.	
Please write a short paragraph	describing what you will do during your	summer research:
(Faculty signature)	(Student	signature)