

Department of Neuroscience

 **NROSCI 1900/1903**

 **INTERNSHIP EXPERIENCE**

Term: **□** Fall **□** Spring of 2022**\_\_\_\_\_\_\_\_**

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|   |
| Student Name: |  |
| Email: | Course | Grade Option |
| Phone: | □ NROSCI 1900 | **\_\_CREDIT(S) □ S/NG □ LG** |
| PeopleSoft#: | □ NROSCI 1903\* | **\_\_CREDIT(S) □ Letter Grade** |
|  \*NROSCI 1903 is an internship used to fulfill the capstone requirement. |
| Name of Site Supervisor:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  |
|  |
| Faculty Mentor Name: (please print) |
| Instructions/ Comments: |  |  |
| Required Signatures |
| ***I agree to be engaged in my internship experience, to adhere to the scheduled hours and to seek assistance from my mentor as needed.*** |
|  |
| Student Signature: Date: |
|  |
| ***I agree to mentor the above student by assigning a project and checking progress throughout the term.*** |
| Faculty Mentor Signature: Date: |
| Department Signature: |
| ***Authorization may be granted by any one of the following:******Dr. Sesack (A426D Langley) Dr. Meriney (461C Crawford) Dr. Artim (445 Crawford) Dr. Fanselow (449 Crawford)*** |
| Please use the enrollment link under research forms on our webpage and submit your forms through Qualtrics |

**Rev 01/2022**