

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**