NROSCI 1900/1903
INTERNSHIP EXPERIENCE

Term: □ Fall  □ Spring  of  20______

Student Name: ________________________________

Email: ___________________________  Phone:____________________________

Course  Grade Option
□ NROSCI 1900 □ CREDIT(S) □ S/NG □ LG
□ 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. Johnson (460 Crawford) Dr. Artim (445 Crawford) Dr. Fanselow (449 Crawford)

Return completed form to A210 Langley Hall or nrosciug@pitt.edu for processing.

Rev 05/2020