REQUEST FOR: *Internship*

BCB 598

DATE: _______________________

STUDENT NAME: ________________________________________

STUDENT ID NUMBER: ____________________________________

INSTRUCTOR OF RECORD: _____________________________________

(this should be a committee member or other BCB faculty, other than the Major Professor(s); section will be opened under the supervisory instructor’s name)

SEMESTER TO BE COMPLETED: ____________________

(attach answers on separate sheet if easier)

SPECIFIC STUDENT TASKS AND EXPECTATIONS FROM INTERNSHIP SPONSOR (this is the person outside UI under whom you will complete the internship):


BENEFIT TO STUDENT IN RELATION TO HIS/HER BCB DEGREE PROGRAM:

HOW DOES THE EXPECTED TRAINING DIFFER IN FOCUS FROM YOUR MAJOR FOCUS AREA?

BASIS OF EVALUATION OF KNOWLEDGE:
Signed: ______________________________________________________
Student Signature

Signed: ______________________________________________________
Instructor Signature

Signed: ______________________________________________________
Major Professor Signature

Signed: ______________________________________________________
BCB Director Signature

*Return completed form to Lisha Abendroth in LSS 441D OR lishaa@uidaho.edu*