REQUEST FOR: Internship  
BCB 598

DATE: _______________________

STUDENT NAME: ________________________________________

STUDENT ID NUMBER: ____________________________________

INSTRUCTOR OF RECORD: __________________________________
(attach answers on separate sheet if easier)

SEMESTER TO BE COMPLETED: ____________________________

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:
*Return completed form to Amy Kingston at bcb@uidaho.edu.