

BIOL 493 Internship Approval Form

(This form must be completed before registering for BIOL 493)

Internship Period: Summer 1 ___ Summer 2 ___ Summer Pre ___ Summer (May-Aug) ___

Winter: ___ Other: _____ Year: _____

Student Name: _____

Banner ID: _____

Major/Track: _____

Current GPA: _____ No. of Credits Completed: _____

Home Address: _____

Current Address: _____

Current Phone Number: (____)-____-_____

How many hours/week will the internship be: _____

Number of credits to be registered for: _____

Internship Site

Place of Internship: _____

Name of Organization: _____

Address of Organization:

Name of Supervisor: _____

Description of Work: _____

Contact Number during Internship: (____)-____-_____

Date: _____

IUP Internship Coordinator Signature
Dr. N. Bharathan

Comments: