



Department of Neuroscience Internship Experience

Student Name:	Course	Credits	Grade Option
PeopleSoft#: _____ Term: _____	<input type="checkbox"/> NROSCI 1900		<input type="checkbox"/> Letter Grade <input type="checkbox"/> S/NC
Phone: _____ Email: _____	<input type="checkbox"/> NROSCI 1903*		Letter Grade

* NROSCI 1903 can be used to fulfill the capstone requirement for neuroscience majors.

Site Supervisor Name: (please print)

Contact Information Phone:

Email:

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:

Department authorization will be granted by either Dr. Susan Sesack or Dr. Steve Meriney.
Dr. Sesack is located in A426D Langley. Dr. Meriney is located in 461C Crawford.

Return completed form to A210 LANGY before the end of add/drop to enroll.

Rev 01/17