# NROSCI 1900/1903
## INTERNSHIP EXPERIENCE

**Fall 2018 – Term 2191**

### Student Name:

### Email:

<table>
<thead>
<tr>
<th>Course</th>
<th>Grade Option</th>
</tr>
</thead>
<tbody>
<tr>
<td>NROSCI 1900</td>
<td><em>CREDIT(S)</em> □ S/NG □ LG</td>
</tr>
<tr>
<td>NROSCI 1903*</td>
<td><em>CREDIT(S)</em> □ Letter Grade</td>
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</tbody>
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*NROSCI 1903 is an internship used to fulfill the capstone requirement.*

### Name of Site Supervisor:

Email: ___________________________         Phone:____________________________

### Faculty Mentor Name: (please print)

### Instructions/ Comments:

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### 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. Meriney (461C Crawford) Dr. Artim (445 Crawford) Dr. Fanselow (449 Crawford)

Return completed form to the Neuroscience Advising Office (LANGLEY A210) for processing.

Rev 02/18