



Department of Neuroscience

NROSCI 1900/1903 INTERNSHIP EXPERIENCE

Term: Fall Spring of 20_____

Student Name: _____

Email:	Course	Grade Option
Phone:	<input type="checkbox"/> NROSCI 1900	__ CREDIT(S) <input type="checkbox"/> S/NG <input type="checkbox"/> LG
PeopleSoft#:	<input type="checkbox"/> NROSCI 1903*	__ CREDIT(S) <input type="checkbox"/> Letter Grade

*NROSCI 1903 is an internship used to fulfill the capstone requirement.

Name of Site Supervisor: _____

Email: _____ **Phone:** _____

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: _____

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)

Please use the enrollment link under research forms on our webpage and submit your forms through Qualtrics

Rev 01/2022