Department of Neuroscience

NROSCI 1900/1903
INTERNSHIP EXPERIENCE

Term: ☐ Fall ☐ Spring of 20_____

Student Name:
Email: 
Phone: 
PeopleSoft#: 

Course | Grade Option
---|---
☐ NROSCI 1900 | ☐ CREDIT(S) ☐ S/NG ☐ LG
☐ NROSCI 1903* | ☐ CREDIT(S) ☐ 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