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FOR OFFICE	USE ONLY

## REQUEST FOR: Internship BCB 598

DATE:
STUDENT NAME:
STUDENT ID NUMBER:
INSTRUCTOR OF RECORD: (this should be a committee member or other BCB faculty, other than the Major Professor(s); section will be opened under the supervisory instructor's name)
SEMESTER TO BE COMPLETED:
(attach answers on separate sheet if easier)
SPECIFIC STUDENT TASKS AND EXPECTATIONS FROM INTERNSHIP SPONSOR (this is the person outside UI under whom you will complete the internship):
BENEFIT TO STUDENT IN RELATION TO HIS/HER BCB DEGREE PROGRAM:
HOW DOES THE EXPECTED TRAINING DIFFER IN FOCUS FROM YOUR MAJOR FOCUS AREA?
BASIS OF EVALUATION OF KNOWLEDGE:

Signed:	
	Student Signature
Signed:	
	Instructor Signature
Signed:	
oigneu.	Major Professor Signature
G: 1	
Signed:	DOD D:
	BCB Director Signature

 $<sup>{\</sup>bf *Return\ completed\ form\ to\ Amy\ Kingston\ at\ bcb@uidaho.edu.}$