Biology 494  
Biology Internship  

Contract

Student:______________________________________________

Semester enrolling for credit:____________________________________

Faculty instructor  
Name:____________________________________

Phone:_________________________ Email:____________________________________

Internship  
Organization:____________________________________

Location:____________________________________

Contact/supervisor name:____________________________________

Phone:_________________________ Email:____________________________________

Start date:_________________________ End date:_________________________

Brief description of the internship:

Format  
Number of credits:  1  2  (circle)

 ___ Letter grade  or  ___ S/F  (check one)

1 cr—journal and poster, due:____________________________________

2nd cr—paper, due:____________________________________

Paper topic:____________________________________

Signatures:

Student:____________________________________ Date:_________________________

Faculty instructor:____________________________________ Date:_________________________

Received by Student Services office on:____________________________________