

Approved by (initial)

Date

**STUDENT INFORMATION**

Last

First

M.I.

E-mail

PeopleSoft #

Phone

Semester in BioE: \_\_\_\_\_

**FACULTY SPONSOR INFORMATION**

Last

First

M.I.

Title

Department

School

E-mail

Campus Address

Phone

**PROJECT INFORMATION**

Title

Hours per week (minimum of 9 hours per week)

Project semester

BIOENG 1002 Semester (Same as project if Fall or Spring)

Provide a minimum 300-word description of project/work to be accomplished during the internship on the next page.

**STUDENT AND FACULTY SPONSOR SIGNATURES**

We attest that all information submitted on this application is accurate.

Student Signature

Date

Faculty Sponsor Signature

Date

**PROJECT/WORK DESCRIPTION**

Please provide a minimum 300-word description of project/work to be accomplished during the internship.

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*Enter text*

Submit completed application to: [Undergraduate Program Administrator](#)