

# Hope College Biology Department Internship Application

Student Name: \_\_\_\_\_

Date: \_\_\_\_\_

## Permanent Address

Street Address:	_____
City, State, Zip:	_____
Phone Number:	_____

Student Number: \_\_\_\_\_

Graduation Date: \_\_\_\_\_

Degree Sought: \_\_\_\_\_

Name of Hope Supervisor: \_\_\_\_\_

## Internship Site (Organization Name and Address)

Organization Name:	_____
Street Address:	_____
City, State, Zip:	_____

When will you be doing your internship? (Fa/Sp/Su): \_\_\_\_\_

How many hours per week will you be working?: \_\_\_\_\_

## Placement Supervisor

Name:	_____
E-Mail:	_____
Title:	_____
Address:	_____
Phone Number:	_____

Description of Internship Activities: \_\_\_\_\_

\_\_\_\_\_

What objectives will be met by Midterm?: \_\_\_\_\_

\_\_\_\_\_

Description of Final Project:

\_\_\_\_\_

Number of Biology Dept Internship credits desired: \_\_\_\_\_

Signature of Student: \_\_\_\_\_

Signature of Hope Supervisor: \_\_\_\_\_

Signature of Chair/Biology Department: \_\_\_\_\_