

Hope College Biology Department Internship Application

Student Name _____

Date ____/____/____

Permanent Address and Telephone Number

Student Number _____

Class _____

Degree Sought _____

Name of Hope Supervisor _____

Internship Site (Organization Name and Address)

Placement Supervisor

Name _____

Title _____

Address _____

Phone Number _____

Number of hours of Biology Department Internship credit desired

Other Internship Credit Desired

Department _____

Hope Supervisor _____

Number of Hours _____

Signature of Student _____

Signature of Chairperson of the Biology Department
