

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: _____