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Approved by (initial)

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Date**STUDENT INFORMATION**

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Last

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First

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M.I.

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E-mail

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PeopleSoft #

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Phone

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Semester in BioE: \_\_\_\_\_**FACULTY SPONSOR INFORMATION**

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Last

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First

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M.I.

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Title

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Department

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School

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E-mail

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Campus Address

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Phone**PROJECT INFORMATION**

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Title

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Hours per week (minimum of 9 hours per week)

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Project semester

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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.

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Student Signature

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Date

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Faculty Sponsor Signature

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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](#)