STUDENT AND EMPLOYER INFORMATION

This completed form must be turned in to Ms. Carla Brewer (127 Long Hall, cjdunca@clemson.edu) before the beginning of the internship.

STUDENT INFORMATION

Student Name: ___________________________________________________________

CU ID#:  __________________________________________________________________

Email: ___________________________ Phone: ___________________________

Term of Internship:  ☐ FALL ☐ SPRING ☐ SUMMER

STUDY PLAN

Please attach a one–two page Study Plan discussing the following:

1. Your specific goals for the internship as discussed with your internship supervisor
2. The relevance of the internship to your intended career

EMPLOYER INFORMATION

Company Name:  __________________________________________________________________

Address:  __________________________________________________________________

Supervisor’s Name:  __________________________________________________________________

Email: ___________________________ Phone: ___________________________

Compensation:  ☐ Hourly, $ _____ ☐ Stipend, $ _____  ☐ Unpaid

Student Signature ___________________________ Date _____________

Supervisor Signature ___________________________ Date _____________

Faculty Signature ___________________________ Date _____________

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INTERNSHIP AGREEMENT

A. The Department of Biological Sciences desires that students obtain practical experience in which they will have the opportunity to integrate academic theory with practical application; and

B. The Facility recognizes the need for, and desires to assist in, the educational development of such students and is willing to accept students into its facility for a supervised experience.

All parties agree as follows:

**Student Responsibilities:**

The student will contact the internship mentor directly to apply for internship opportunities. The student will fill out and return to Ms. Brewer the Student Internship Contract and a one–two page Study Plan. If the internship is performed during the summer and the student wants academic credit for it, the student must register for and pay for the number summer school credits desired (one for each 45 hours of work, up to four). If the student wants to avoid tuition costs, the student should register for zero credits of BIOL 4920 or MICR 4920. This will allow tracking of the student, and will not require a tuition payment. But it also means that the student will not get any academic credit for the internship.

The Final Report will include the following:

1) A recap the initial goals and any changes made throughout the internship
2) A narrative of his/her experience
3) What was learned
4) Any expectations that were or were not met and why

**Facility Responsibilities:** The facility agrees to accept the student for a supervised experience. Internship experience must take place in a professional environment with an assigned mentor who will directly supervise the student. The mentor will submit a brief evaluation of the student’s internship performance including a recommendation for the student’s evaluation (Pass or Fail) to Ms. Carla Brewer (cjdunca@clemson.edu) or 127 Long Hall, Clemson University, Clemson SC 29634–0314).

**Faculty Responsibilities:** Dr. Douglas Bielenberg, faculty member in charge of BIOL/MICR 4920, will approve the subject matter of the activity at the facility and evaluate the student’s Final Report.