

UC DAVIS Biomedical Engineering Internship Form

INTERNSHIP CREDIT ONLY

Biomedical Engineering 192 CRN Units Quarter Offered
_____ _____ _____ _____ 20_____

Supervisor's name: _____ Supervisor's email: _____

Company name and address: _____

Dates of Internship _____ Hours worked per week: _____

Project: _____

Internship Plan: Describe the work to be undertaken, including the project goals or objectives, and any specialized training/skills to be acquired.

Grading: Describe criteria/deliverables that constitute satisfactory performance.

Student: _____ I.D. # _____ Major: _____

Are you taking any other special study courses (99, 194H, 199) this quarter? If so what? _____

<p>Part I I certify that I am the supervisor for this Internship Proposal and will complete Part II of this form upon Internship's completion.</p> <p>_____ Supervisor's Signature Date</p> <p>-----</p> <p>I certify that this project is suitable for _____ units of Internship credit.</p> <p>_____ UG Committee Chair's Signature Date</p>	<p>Part II I certify that the student has (check all that apply):</p> <ul style="list-style-type: none"><input type="checkbox"/> completed the above-stated hours<input type="checkbox"/> undertaken the work agreed upon in the Internship Plan<input type="checkbox"/> met the stated grading criteria <p>And thus deserves a:</p> <ul style="list-style-type: none"><input type="checkbox"/> Pass grade<input type="checkbox"/> No Pass grade <p>_____ Supervisor's Signature Date</p> <p>_____ UG Committee Chair's Signature Date</p>
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