

BCH 98-I INTERNSHIP COMPLETION Form

First Name

Last Name

Student ID Number

UCR Email: _____ BCH 96: Completed _____
Quarter Year

Sponsoring Organization: _____

Sponsoring Organization Address: _____

Supervisor's Name: _____ Title: _____

Supervisor's Phone #: _____

Describe the objective and nature of the internship activities, and have your internship supervisor sign below to indicate that they concur with your description. Please be specific in your description.

Signatures indicate that supervisor agrees with the above description, and both student and supervisor certify that student has completed at least 30 hours of work in the internship experience.

Student: _____
Signature Date

Supervisor: _____
Signature Date

Biochemistry Faculty: _____
Signature Date