

## BCH 98-I INTERNSHIP COMPLETION Form

\_\_\_\_\_  
First Name

\_\_\_\_\_  
Last Name

\_\_\_\_\_  
Student ID Number

UCR Email: \_\_\_\_\_

Sponsoring Organization: \_\_\_\_\_

Sponsoring Organization Address: \_\_\_\_\_

Supervisor's Name: \_\_\_\_\_ Title: \_\_\_\_\_

Supervisor's Phone #: \_\_\_\_\_

Describe your specific activities/duties that you performed during your internship, and have your internship supervisor sign below to indicate that they concur with 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