CRN	
CRSE	_SECT
FOR OFFICE	USE ONLY

REQUEST FOR: $\frac{Internship}{BCB \ 598}$

DATE:
STUDENT NAME:
STUDENT ID NUMBER:
INSTRUCTOR OF RECORD: (this should be a committee member or other BCB faculty, other than the Major Professor(s); section will be opened under the supervisory instructor's name)
SEMESTER TO BE COMPLETED:
(attach answers on separate sheet if easier)
SPECIFIC STUDENT TASKS AND EXPECTATIONS FROM INTERNSHIP SPONSOR (this is the person outside UI under whom you will complete the internship):
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BENEFIT TO STUDENT IN RELATION TO HIS/HER BCB DEGREE PROGRAM:
HOW DOES THE EXPECTED TRAINING DIFFER IN FOCUS FROM YOUR MAJOR FOCUS AREA?
BASIS OF EVALUATION OF KNOWLEDGE:

Signed:	
Ü	Student Signature
Signed:	
	Instructor Signature
Signed:	
orgirou.	Major Professor Signature
Signed:	
gou.	BCB Director Signature

^{*}Return completed form to Lisha Abendroth in LSS 441D OR lishaa@uidaho.edu