

Department of Biological Sciences
Internship Prearrangement Form



Name _____

Date _____

Briefly describe the internship activity that you are proposing.

Dates for the internship _____ to _____

Hours of credit 0 1 2 3 (ALL students must register online for BIOL 409 during the semester (or summer) in which internship is taking place.) Choose 0-3 credits.

Organization or Institution _____

Internship supervisor _____

Title _____ Organization _____

Phone _____ Email _____

Supervisor Signature _____ Date _____

Goshen College Adviser Signature _____ Date _____