**Faculty Sponsor Form for On-Campus Internships**

Student name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Laker ID # \_\_900\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of faculty internship sponsor/coordinator \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Semester to register \_\_\_\_\_\_\_\_

Course to register \_\_\_\_\_\_\_\_

Has the student taken On-Campus Internship previously for credit (*students can take the same course type a maximum of two times for credit*): \_\_\_\_\_\_\_\_\_\_

Not including this course how many experiential learning courses (BIOL/CHEM/PHYS 3210, 3211, 3220, 3221, 3230, 3231, 4230, 4231) has the student previously taken (*Students are limited to a total of 4 experiential learning courses in the B.S. CHEM curriculum, 3 in the B.S. BIOL curriculum, and 1 in the BIOL, CHEM and PHYS minors.*)? \_\_\_\_\_\_\_\_\_\_

Brief description of the project \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Course Outcomes** (*Outcomes are developed by the intern and the intern mentor and should map to program outcomes on the syllabus for the course.)*

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| **Course Outcome**  | **Method of Assessment** |
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By signing below, the sponsoring faculty member is agreeing to mentor the student and the student is agreeing to complete the project in the semester stated above.

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Signature of Faculty Sponsor Date

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Signature of Student Date

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| *Administrative use only*Course prefix and number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ CRN\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |