

BIO Internship Course Permission Form

Site Signature Page

Student Name

Student Stony Brook ID

For Internship Supervisor:

By signing below, you attest that you have reviewed the student's reflection and that the student has provided accurate information with respect to their internship project, including the hours of effort per week throughout the semester. Please note that the internship supervisor will be contacted by undergraduate biology at the at the end of the semester to determine the student's grade (Satisfactory/Unsatisfactory).

Department

Title

Email Address

Phone Number

Signature of Site Supervisor

Date

Printed Name of Site Supervisor

Signature of Student

Date