UNIVERSITY OF CENTRAL FLORIDA

Biology Internship Credit

Please fill out this form to submit your request to register for Summer 2024 internship credit. The **deadline** to fill out this form for Summer 2024 is **Friday**, **May 10**th, **2024**. Please note that this is a *request*, and you will be receiving an email to meet with Dr. Cynthia Bayer to discuss your internship requirements.

A maximum of 4 credit hours of internship/research/independent study can count towards your restricted electives. Anything above this maximum will count towards your free electives.

Name:		UCFID#(7 numbers, no letter	s):	_ Track:
UCF Em	nail Address:		Phone Number	ï
1.	What organization are you look	ing to intern with?		
2. F	2. Please provide a detailed description of the work you will be doing.			
3. I	How many hours will you be wor	king per week?		
4. F	4. Please provide the date range when you will be completing this internship			
5. I	How many hours do you plan to	complete during your internsh	nip?	
6. F	6. Please provide the name and email address and phone number for your internship/research supervisor.			
Sup	pervisor Name:			
Sup	pervisor Email Address:			
Sup	pervisor Phone Number:			