



Department of Biology

UNIVERSITY OF CENTRAL FLORIDA

Biology Internship Credit

Semester & Year: _____

Please fill out this form to submit your request to register for a Biology Internship Credit. The **deadline** to fill out this form is the Friday **before** the first day of classes for the semester that you are requesting academic credit. 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 letters): _____ Track: _____

UCF Email Address: _____ Phone Number: _____

1. What organization are you looking to intern with?

2. Please provide a detailed description of the work you will be doing.

3. How many hours will you be working per week? _____

4. Please provide the date range when you will be completing this internship. _____

5. How many hours do you plan to complete during your internship? _____

6. Please provide the name and email address and phone number for your internship/research supervisor.

Supervisor Name: _____

Supervisor Email Address: _____

Supervisor Phone Number: _____