
Employer Forms

Internship Definition Document

Wiess School of Natural Sciences Professional Science Master's Program Internship Definition Document

Student Name: _____

Faculty Supervisor: _____

Internship Start Date ____/____/____ Internship End Date ____/____/____

Internship Site _____

Phone _____

Supervisor Name _____ Title _____

Phone _____ email _____

Project Description:

Intern's Key Responsibilities:

Do you require the student to sign a non-disclosure agreement? _____

Approved by Prof MS Faculty: _____ Date: _____