

Internship in Biological Science

BIOL*3660

Application Form

STUDENT INFORMATION

Last Name:

First Name:

Major:

ID Number:

Email Address:

Cum. Average:

No. of Credits Completed:

EXPERIENTIAL LEARNING INFORMATION

Name of organization:

Address of organization:

Name of workplace
supervisor and position/title:

Contact information for
supervisor including email:

Duration of experience
(hours and weeks):

Student's position title:

Primary focus of the student:

Brief description of the:
the:

1. key activities of the position
2. areas of science related to these activities or the organization
3. employability skills* to be developed through this experience (min. 3 skills)./
Student is responsible for completing this section in consultation with the workplace supervisor.

If any aspect of the experience changes, the student is responsible for notifying the course coordinator immediately.

WORKPLACE SUPERVISOR ENDORSEMENT

I have read through the course requirements

YES
NO

I agree with the deliverables as stated above by the student

YES
NO

I agree to provide feedback to the course coordinator as required and within the required deadlines

YES
NO

As the supervisor of the intern, I agree to complete the provided Performance Evaluation

YES
NO

I agree to provide Performance Review feedback to the student throughout the experience

YES
NO

I have completed and attached the letter to placement employers

I agree to complete and submit the pre-placement due-diligence checklist

I would like to attend the final presentations given by the students

Yes

No

CONFIRMATION OF CONSENT

By signing this form, you confirm that you have read the requirements of the work supervisor and agree that the above information is an accurate representation of the student's undertaking during this experience. You also acknowledge that you will provide feedback on the student's performance based on the provided guidelines.

Work Supervisor's Signature:

By signing this form, you confirm that you have read and agree to the requirements of the Internship in Biological Sciences course. You agree that you have accurately described the project that you will undertake with the organization and that you will represent yourself and the University of Guelph with a high level of professionalism and integrity.

Student's Signature:

By signing this document, the course coordinator is confirming that the position, as stated above, does qualify for enrollment in the Internship in Biological Sciences course. The course coordinator is agreeing to facilitate the logistics of the course and answer questions posed by the student and supervisor regarding the course requirements and structure.

Course Coordinator's Signature:

Once the course coordinator has signed the application form, they will need to sign the University of Guelph Undergraduate Course Waiver form. The waiver form will need to be taken to the 3rd floor of the University Centre to be processed by the Registrar's office. The Registrar's office will add the course to the students schedule. Once registered, the student will be enrolled in the CourseLink website for BIOL*3660.

Is this position paid?	YES	PLEASE NOTE:
	NO	If the student is undertaking an unpaid work placement and the organization is within Ontario, a letter of authorization must be completed.

* **EMPLOYABILITY SKILLS** - The College of Biological Science will be looking for students to reference the following employability skills in their description above.

Analytical/Problem Solving
Communication
Project Management
Data Analysis
Computer/Technical Skills
Team Player/Interpersonal Skills
Business/Entrepreneurial Aptitudes