Students wishing to enroll in PSM Internships must complete this registration form. Upon receipt of a faculty signature, and an email from the company you are working with. The completed form must be returned to the departmental office (SC 136). Failure to adhere to this procedure may delay receiving a satisfactory grade. It is clearly the student’s responsibility to complete the requirements of the internships.

Please Print

DATE: ________________

STUDENT NAME______________________________STUDENT Number  Z_____________________

FAU email address: ________________________@fau.edu Phone Number: __________________________

PRIMARY CAMPUS (indicate one): Boca )________Davie)_____ Jupiter)_____ Harbor Branch)_____ PSL)_______

SEMMETER OF PSM INTERNSHIP: Please check semester and course section:

FALL)___________Spring) _____ Summer: 1 (c)_______2(a)_______3 (b)________

COURSE SECTION:

BSC 6905 PSM Business Internship__________ Credits: 2

BSC 6905 PSM Science Internship__________ Credits:2

Company Name: ________________________________

Contact Name, phone and email:______________________________

Synopsis of work responsibility for internship. (attach copy of email or letter from company you will be working with)

SUPERVISOR (Please print name of faculty member)  Dr. David Binninger.

SIGNATURE OF FACULTY________________________________________________________________

STUDENT SIGNATURE____________________________________________________________________

Please note the following:

Will you be working with live vertebrate animals?  No ___ Yes_____ (if Yes, you must):

(i) Enroll in the FAU Medical Monitoring Program
(http://www.fau.edu/research/forms.php?expanddiv=researchint)

(ii) Take the CITI Lab Animal Welfare Course (at a minimum, take the investigators, Staff & Students Module)
http://www.fau.edu/research/researhint/iacuc_training.php

(iii) Ensure that your professor adds you to their IACUC protocol

____________________________________________________________________________________

Student notified on: ___/___/___ by: ____________________Notification by: E-Mail Phone in person.

Revised: 6-2017