

Department of Biological Science
Charles E. Schmidt College of Science

**Professional Science Master's
Program in Business
Biotechnology**
Internships registration.



Students wishing to enroll in PSM Internships must complete this registration form. Upon receipt of a faculty signature, and a 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) _____

SEMESTER 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/researchint/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