

Registration Request

This form is required for registration in BME3941: Internship Experience in Biomedical Engineering. The completed form must be submitted to the BME Academic Office in the Biomedical Sciences Building, room JG56, before the end of the registration drop/add period. A formal letter on official letterhead from the sponsoring company describing the nature of the internship must also be attached to this form. The letter must indicate that the approximate number of hours per week that you will be working over the term of the semester and that the internship is biomedical engineering related. The letter should provide a description of the work responsibilities and detailed contact information of the person or persons who will be supervising you during the internship.

This course is S/U graded and repeatable for up to 3 credits. You will be held tuition and fee liable for your registration.

Student Name: _____

UFID: _____ Term Requested: _____ Credits: _____

Employer: _____

Supervisor's Name: _____

Supervisor's Title: _____

Employer Address: _____

City: _____ State: _____ Zip: _____

Supervisor's Phone: _____ Fax: _____

Supervisor's Email: _____

BME Undergraduate Coordinator Approval

Signature: _____ Date: _____