BIOLOGY INTERNSHIP PROGRAM - UNIVERSITY OF RICHMOND

Internship Description

Name of Student Intern: ________________________________________________________________

Name of Sponsoring Agency: ___________________________________________________________

Address: __________________________________________________________________________

___________________________________________________________________________________

___________________________________________________________________________________

Contact Person(s):_____________________________________________________________________

Telephone: __________________________________________________________________________

Title(s):  __________________________________________________________________________

Please provide a brief description of your organization.

Please describe the nature of the work that might be done by the intern. These duties may be modified based on the needs of the employer and/or interests of the student.

Briefly describe the qualifications you seek in a candidate. Be as specific as possible. Please stress the skills you desire rather than specific academic disciplines.
Our organization agrees to sponsor an internship during the University of Richmond's Spring / Fall (circle one) semester of _____ (year).

Signed: ____________________________________________________________

Name (Print): _______________________________________________________

Title: ______________________________________________________________

Please return to:
Internship Advisor
Department of Biology
University of Richmond VA 23173
Telephone: (804) 289-8871; Fax (804) 289-8233