

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.

Additional comments or information:

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