

STATEMENT OF UNDERSTANDING

Summer Undergraduate Research Experience
Plant Molecular Biology/Biotechnology

Please complete, sign and return this form to the Internship Coordinator by the end of the first week of your internship!

Name:

Last	First	Middle
------	-------	--------

Intern Mailing Address (home):

Intern Mailing Address (job): _____

Phone _____ Cell Phone _____ E-mail _____

Sponsor's Name: _____

Lab Address: _____

Dates of Internship Experience: _____

Sponsor's and Mentor's Expectations of Intern and Desired Outcomes of Internship Experience (attach additional pages if necessary):

Intern's Expectations of Sponsor and Mentor and Desired Outcomes of Internship Experience (attach additional pages if necessary):

Interns are required to give a presentation of their summer research.

Spend a minimum of 40 hours each week working towards the objectives of the internship program.

Compensation \$ _____

Sponsor _____ **Date** _____

Intern _____ **Date** _____