

BME3941: Internship Experience in Biomedical Engineering (0-3 credits)

Registration Request

This form is required for registration in BME3941: Internship Experience in Biomedical Engineering. Submit the completed form to undergrad@bme.ufl.edu no later than one day prior to the end of the drop/add period by 5:00 pm. Please read the syllabus carefully before submitting this request.

Part I. To be comp	leted by the student.	
Student Name:		
UFID:	Term Requested:	Credits Requested:
Employer:		
	:	
City:	State:	Zip:
	ignature below, I verify that I have a rn a grade in the course as outlined	•
Signature:	Date:	
-	pleted by the employer. (Continued:	•
•		
_	Email:	
	iomedical engineering related?	
Start Date:	End Date:	
*	e below to explain the nature of the tudent's responsibilities.	e internship and provide a brief



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How many hours* will the student commit to the	ne internship?	total hours
*The number of credits assigned for this course the student works per week for the duration of requirements below and identify the number of to the internship.	the term. Please refe	er to the minimum
 Summer A or B session (at least 6 we 1 credit = minimum of 20 hours 	-	rs of work total)
 2 credits = minimum of 40 hou Summer C session (at least 12 weeks 	rs per week (240 ho	
 1 credit = minimum of 10 hour 2 credits = minimum of 20 hou 3 credits = minimum of 30 hou 	s per week (120 hou rs per week (240 ho	urs of work total)
• Fall/Spring terms (at least 15 weeks i	-	urs or work total)
 1 credit = minimum of 8 hours 2 credits = minimum of 16 hou 3 credits = minimum of 24 hou 	per week (120 hours rs per week (240 hou	urs of work total)
Prior to the completion of the internship, the st Employer Evaluation. Please complete this form	,	
By signing below, I verify the above information student to complete an internship for the numbed document.	•	
Signature:	D	ate:
Part III. To be completed by the BME Undergr	aduate Coordinator	r.
Signature:	D	ate: