

BNL SUMMER INTERNSHIP PROGRAMS
STUDENT REQUEST FORM

Please indicate the program you are requesting an intern:

- | | |
|---|---|
| <input type="checkbox"/> Supplemental Undergraduate Research Program (SURP) | <input type="checkbox"/> Brookhaven Pre-Service Teachers Program (BPST) |
| <input type="checkbox"/> Community College Research Program (CCRP) | <input type="checkbox"/> Brookhaven Teaching Fellows Program (BTFP) |
| <input type="checkbox"/> College Research Teams Program (CRTP) | |

Start Date: _____

End Date: _____

To: _____
Chairperson/Head Department/Division Approval Signature

From: _____
(Advisor) (Ext.) (Email) (Bldg.)

Title of Project:

Description of Assignment:

Suggested reading:

1st Choice Student _____

2nd Choice Student _____

3rd Choice Student _____

Funding for BNL Supplemental interns shall be provided by the hosting Department or BNL researcher.

Please complete the following:

GIS Administrator or Dept. Contact _____ 2-Letter Dept Code _____

Charge \$ _____ to Project Acct. #: _____ Activity Acct. #: _____ Budget Authority Signature _____

Department Education Coordinator Acknowledgement: _____
Signature Date