BIOL 4940: Internship in Biology

Course Description:

This course provides students with the ability to receive course-credit while involved in a supervised work experience with public agencies, private industry, mass media, or non-profit organizations in the area of the biological sciences. Examples of work experience include:

- Traineeships in scientific investigation
- Environmental impact assessment
- Financial analysis
- Mass Media
- Biotechnology law
- Informatics

BIOL 4940 is a 3-credit hour course and can be repeated for a maximum of 6 hours. The course satisfies UGA’s Experiential Learning requirement as well as counting as an upper-level general elective. This course will not count as a Major Elective or any other major-level requirement in Biology.

Course Requirements:

1. A signed “BIOL 4940 Biology Internship Agreement” application must be submitted to Room 411 in Biological Sciences no later than 5:00 pm on the last business day of the semester PRIOR to intended enrollment to obtain permission to register.

2. In addition to their internship supervisor, students must identify a UGA faculty member to serve as an academic supervisor.

3. Along with the application, students must submit a brief description or other documentation (e.g., letter from supervisor) outlining their duties and responsibilities.

4. Students must work a minimum of 20 hours/week for 8 weeks (or 160 hours total).

5. Following completion of the internship, students must turn in a final report (1-2 pages) summarizing their internship experience. The report should be emailed to biology@uga.edu. A hand-delivered, hard copy is not necessary.

6. The internship supervisor must certify that the student completed the internship satisfactorily, and in consultation with the faculty coordinator, agree on a grade (S/U).
BIOL 4940 BIOLOGY INTERNSHIP AGREEMENT

STUDENT INFORMATION:
Student Name: ____________________________  81#: ____________________________
Semester/Year of Internship: ________________  Major: ____________________________
Telephone No: ____________________________  UGA Email Address: __________________

INTERNSHIP SUPERVISOR INFORMATION:
Business or Organization Name: ____________________________
Business or Organization Address: ____________________________
City: ____________________________  State: ____________________________  Zip: ____________________________
Supervisor Name: ____________________________  Title: ____________________________  Department: ____________________________
Telephone No: ____________________________  Email Address: ____________________________

ACADEMIC SUPERVISOR INFORMATION:
UGA Supervisor Name: ____________________________
Department: ____________________________  Telephone: ____________________________  Email: ____________________________

I understand and agree to comply with the course requirements and conditions specified in the description of BIOL 4940.

Student Signature: ____________________________
Supervisor Signature: ____________________________
UGA Supervisor Signature: ____________________________
Departmental Signature: ____________________________

Dr. Kristen Miller, Division Chair

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