Form to Add a "93" Internship Course

Student Informat	tion						
Name: Student ID: 2							
Email:			@brandeis.edu			Phone:	
Subject:	Course:	93A	93B	Term:	Fall 20	or Spring 20	
Faculty Sponsor Inform	nation:						
Internship Site (Off-Campus Only):							
Internship Dates:	to		Internship Hours per Week:				
Research Title and Project (will not appear on transcript):							
Research Project Description – Include proposed methods of research:							
Supervision – Describe the type and frequency of supervision to be given to the student: Standards for Evaluation of Course Work:							
Student Signature:						Date:	
Instructor's Name:							
Instructor's Signature:						Date:	
Other Signature if requ	ıired:					Date:	

Brandeis University · Registrar's Office · Mailstop 068 · 415 South Street · Waltham, MA 02453 registrar@brandeis.edu · Phone (781)736-2010 · Fax (781)736-3485

Some departments require the signature of the department chair or undergraduate advising head. Please check the department course description in the University Bulletin for other required signatures and obtain signatures as

necessary.