Date: __________________________________________________________________________

Name: __________________________________________________________________________

Home Institution: __________________________________________________________________

Current Academic Level: ☐ M.Sc. ☐ Ph.D.

Duration of proposed internship (# of weeks): __ Start date: ___________ End date: ___________

Internship Institution: __________________________________________________________________

Name of intern’s Mentor: __________________________________________________________________

E-mail address of internship supervisor: __________________________________________________________________

Internship summary and objectives (250 words max.):

Brief description of lab space, equipment, and/or research setting available to intern (250 words max.):
Brief statement of career goals (including how this internship might be useful in realizing these goals) (250 words max.): 

Student’s name and signature:____________________________________________________

Thesis supervisor’s name and signature:_____________________________________________

Internship supervisor’s name and signature:__________________________________________

PLEASE SUMIT ALL MATERIALS AT LEAST 3 WEEKS BEFORE YOU START YOUR INTERNSHIP BY EMAIL TO bess@mcgill.ca