



Faculty of Science Internship Program Registration Form

Internship and Field Studies Office
 Faculty of Science
 Dawson Hall Room 408
 Tel: 514-398-1063
 Fax: 514-398-8102
 Email:
 internshipsfieldstudies.science@mcgill.ca

Please print all information in BLOCK letters
 Check the appropriate box below

IP1 Industrial Practicum 1

IP2 Industrial Practicum 2

IYS Internship Year in Science

STUDENT INFORMATION

LAST NAME	
FIRST NAME	
MCGILL ID#	
MCGILL EMAIL ADDRESS	
PROGRAM	
DEPARTMENT	
LEVEL	<input type="checkbox"/> U0 <input type="checkbox"/> U1 <input type="checkbox"/> U2 <input type="checkbox"/> U3
CGPA	

COMPANY INFORMATION

HIRING COMPANY
STREET ADDRESS
CITY, PROVINCE
POSTAL CODE/ZIP CODE
COUNTRY

INTERNSHIP INFORMATION

POSITION TITLE
STARTING DATE
ENDING DATE
NUMBER OF WEEKS
SUPERVISOR'S NAME
SUPERVISOR'S EMAIL

****International students must have an Off-Campus Work Permit before working****

I hereby attest that the above information is accurate and true and that I meet the eligibility criteria for the Science Internship program.

I acknowledge that the requirements to obtain a Pass grade are for the student and supervisor to submit the required reports.

Signature _____ Date _____