



Division of Biological Sciences

Franklin College of Arts and Sciences

UNIVERSITY OF GEORGIA

BIOL 4940: Internship in Biology

Course Description:

This course provides students 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 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 attach 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 APPLICATION

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 conditions and responsibilities specified in the description of BIOL 4940.

Student Signature: _____

Supervisor Signature: _____

UGA Supervisor Signature: _____

Departmental Signature: _____

Dr. Kristen Miller, Director