

**ENY 4905 or 4911 ENTOMOLOGY and NEMATOLOGY  
UNDERGRADUATE RESEARCH/INTERNSHIP FORM**

Once this application is completed, the student should sign and return it to Ruth Brumbaugh in 1027 Steinmetz Hall/Entomology and Nematology Department or to Dr. Rebecca Baldwin in 2208 to be registered in ENY 4911 or ENY 4905. This must be done by the end of drop/add.

Note: Biosecurity, Ecotourism, and Urban Pest Management students must meet with your specialization advisor for internship credits.

Biosecurity, Dr. Hodges                      Ecotourism, Dr. Daniels                      Urban Pest Management, Dr. Koehler

**Student Information (to be completed by the student applicant):**

Date: \_\_\_\_\_ Term: Spring, Summer (A,B,C), Fall

**Please select:** Graded Course = ENY 4905 or Pass/Fail Course = 4911

Note: 4911 can be taken for zero credits so the title appears on the transcript. ENY4911 does not count as an internship on the degree audit.

Number of credits: \_\_\_\_\_ Hours per week (recommended 3 per credit hour): \_\_\_\_\_

Name (last, first, middle initial):		UFID Number:
Local Street Address:		
City, State, Zip Code		Phone Number:
Major:	Current Class/College:	Expected Graduation Date:
Gatorlink E-mail Address:		

**BRIEF DESCRIPTION OF PROJECT AND EXPECTATIONS FOR COMPLETION:**

*I have prepared the research/internship description above in consultation with my research adviser. I have read the responsibilities of the student included on this application, and agree to undertake these responsibilities.*

**Faculty Adviser Information (to be completed by Faculty Adviser):**

Name:	E-Mail Address:
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**Graduate Student/Post-Doctoral Mentor (if applicable):**

Name:	E-Mail Address:
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Will the student's research involve with an infectious agent or clinical samples?

\_\_\_\_\_ Yes      \_\_\_\_\_ No

Will the student's research/internship involve methods or procedures requiring specific safety training?

\_\_\_\_\_ Yes      \_\_\_\_\_ No

If yes to either question, describe specific training that the student will receive prior to performing these activities or training the student has already received.

What are the expectations for the student's attendance in this project (e.g., estimated hours/week in your laboratory, in seminars, group meetings, etc.)? \_\_\_\_\_

Title to appear on student transcripts (ONLY 21characters including spaces)

\_\_\_\_\_

What is the final product of this research this semester?

- Research Paper
- Laboratory Report
- Paper Presentation
- Poster Presentation
- Examination
- Other \_\_\_\_\_

I approve of the research description submitted by the student applicant. I have read the responsibilities of the research adviser and agree to undertake these responsibilities.

**Faculty Adviser's Signature:** \_\_\_\_\_

**Graduate Student/Post-Doctoral Mentor's Signature (if applicable):**

I have read the responsibilities of the research and agree to undertake these responsibilities. \_\_\_\_\_

**Student's Signature:** \_\_\_\_\_