



Applied Chemistry Internship Approval Form

DEPARTMENT OF CHEMISTRY

NEW YORK CITY COLLEGE OF TECHNOLOGY

CITY UNIVERSITY OF NEW YORK

285 JAY STREET, ACADEMIC COMPLEX – A516, BROOKLYN, NY 11201

INSTRUCTIONS

1. Students are strongly advised to consult with the department Chair, internship coordinator, or faculty advisor to determine the appropriateness of the proposed project for the internship requirement prior to registering for CHEM 4901 or CHEM 4902.
2. Students will not be given permission to register for CHEM 4901 or CHEM 4902 if this form is not submitted and approved, prior to the internship.
3. Completed form must be emailed to Dr. Alberto Martinez, Internship Coordinator of the Department of Chemistry: amartinez@citytech.cuny.edu
4. Students must complete the Title IX Training before commencing the internship. Evidence of training must accompany this form. The training can be access at: <http://www.citytech.cuny.edu/title-ix/>
5. Students will receive a grade and three course credits if the internship is completed successfully. This grade is based on the final evaluation by the supervisor, mid-term report, final report and a student presentation.

| | | | |
|-----------------------------|--|--|--|
| Student name: | | CUNY ID: | |
| Student email(s): | | Start date: | |
| Semester/Year: | | End date: | |
| Supervisor Name: | | Number of lab hours per week: | |
| Supervisor Email: | | Total number of lab hours for internship: | |
| Supervisor Phone: | | Title IX Training completed on: | |
| Internship Location: | | | |

PROJECT DESCRIPTION

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ROLE AND RESPONSIBILITIES

[Type a description of the essential responsibilities and activities that will be expected in this position). For bullets, use the Bulleted List style.]

SKILLS AND INSTRUMENTATION

[Type a description of any skills or specialized instrumentation that will be applied in this position.]

| | | | |
|--|--|-------------------|--|
| Signature of student: | | Date: | |
| Signature of supervisor: | | Date: | |
| Signature of Internship Coordinator or Department Chair: | | Form received on: | |



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ADDITIONAL NOTES OR COMMENTS

[Type any additional notes or comments, if needed.]