



**EXPERIENCE (Internship/Externship/Shadowing) Program Application
P.I. Consent Form**

Name of Participant: _____

EXPERIENCE(s) Participant wishes to apply to: _____

I understand that the participant identified above would like to participate in the EXPERIENCE Program at the site listed above for ____ hours a week for a period of ____ months. I have discussed with the participant any concerns I have about the impact that this EXPERIENCE will have on the participant's work in the laboratory, and we have agreed on a set of goals and expectations for the work in the laboratory should the participant be chosen for the EXPERIENCE. Therefore, I give my permission for this trainee in my laboratory to apply for this EXPERIENCE.

I confirm that my graduate student has satisfactory academic Performance (*if applicable*).

Principal Investigator Signature

Principal Investigator

Name: _____

Department: _____

*This form is part of our internal application process and does not guarantee that your trainee will be chosen for an EXPERIENCE. The EXPERIENCE site will make the final decision as to the candidate selected. If you have any questions please contact us at bubest@bu.edu.