

INTERN TRACKING FORM

PHASE I:

FOR STUDENT ONLY:

STUDENT NAME: _____ ID: _____

ACADEMIC ADVISOR: _____ TERM: FALL SPRG SUM1 SUM2

CIRCLE ONE: M.S. PH.D. YEAR: 00 01 02

STUDENT MUST ATTACH: 1) BU TRANSCRIPT, 2) RESUME, 3) BRIEF PARAGRAPH OF THE INTERNSHIP OR AN INTERNSHIP DESCRIPTION (FROM THE COMPANY)

FOR FACULTY COORDINATOR ONLY:

The Faculty Coordinator must sign this form and indicate whether or not the student's petition to perform an internship in Bioinformatics is approved for the term and year indicated above. A signature of approval signifies that the faculty coordinator will oversee and facilitate the student's internship placement. This includes but is not limited to approving the internship as involving program-relevant bioinformatics tools and applications as well as establishing a faculty-based sub-committee to monitor the student's internship to ensure the educational quality of the industrial experience.

If the Faculty Coordinator does not approve of the petition for the internship, the coordinator should attach a brief letter of explanation why the petition was not approved and if possible indicate a recommended course of action for the student to take before reapplying for an internship (i.e. raise GPA score, complete core coursework, etc).

FACULTY COORDINATOR SIGNATURE APPROVED NOT APPROVED

For Ph.D. applicants only, Research Advisor must indicate approval as well:

RESEARCH ADVISOR SIGNATURE APPROVED NOT APPROVED

PHASE II:

APPROVAL FORM

For Faculty Coordinator Only:

Duration of the Internship: (indicate in months) _____

Circle One: Full Time Part Time

*Credits to be earned: 4 8 / 9 12

*In the event that the internship is utilized as a course; students will be required to obtain a credit number to be earned during the internship as a part of course registration. A model for credit assignment could be as follows:

Three months, full time work: 8 credit hours

Three months, part time work: 4 credit hours

Six months, part time work: 8 credit hours

On-site Supervisor: _____

Contact Information: _____

Company Name: _____

PHASE III:

SUBCOMMITTEE ASSIGNMENT: (for Faculty Coordinator to facilitate appointments)

- 1) Student's Academic Advisor: (print and sign name)

- 2) Member of the Curriculum Committee:

- 3) Research Advisor (Ph.D. only)

- 4) Faculty Coordinator or Other Faculty Member (M.S. only)

Subcommittee Responsibilities:

The Subcommittee will be responsible for monitoring the student's internship (with a minimum of two advisory sessions with the student and/or the on-site supervisor). An evaluation session is to serve as the program's means of quality control and can be accomplished either by phone, email correspondence and/or a meeting between at least one subcommittee member and the student. These sessions must be recorded by notifying all of the subcommittee members and the Graduate Program Coordinator with an update on the student's internship. This information will be kept on the student's record for the purposes of satisfying the degree requirements. The dates for these advisory sessions will be set at the beginning of the student's internship.

Example: If the duration of the internship is six months and begins in the Fall of 2000 (September 1 through March 1), an advisory session will be scheduled for mid-October and early January.

The subcommittee may choose to designate a contact member formally to avoid overlapping or doubling efforts during the assigned evaluation period.

PHASE IV:

At the end of the internship, all students are required to present a report on their internship experience to their respective subcommittee.

FOR THE SUBCOMMITTEE ONLY:

Student Name: _____ ID: _____

Date of Report: _____ Report Title: _____

*Subcommittee Approval: (signatures required)

Academic Advisor: _____

Curriculum Committee Member: _____

Faculty Member/Research Adv.: _____

*If the report is not satisfactory, then the student and subcommittee members must not a course of action and schedule a follow-up presentation.