Rutgers University
Professional Science Master’s Program
Research Internship Description

Check semester and fill in year: Fall ____ Spring ____ Summer ____ Year _________

Name ________________________________________________________________

Concentration ___________________________ RUID ____________________________

Net ID: ___________ E-mail ________________________________________________

Phone Number (Home) ____________________ Cell Number _____________________

Name of Research Supervisor ________________________________ Title __________

E-mail __________________________ Phone Number __________________________

Department __________________________________________________________________

Dates of Research Work: ________________________________________________

Times of Research Work Conducted: 
_____________________________________________________________________

(Note: For three credits, student must complete a minimum of 130 hours)
You will be required to fill out a mid and final survey, submit an on-line report, and do an oral presentation of your research experience. Your supervisor will also be filling out a mid and final survey of your performance and assign you a final grade for your work.

Please provide a brief description of what your research responsibilities will entail and what is the overall goal of the research that you are participating in.

Signature of Student __________________________________ Date ________________

Signature of Supervisor ____________________________ Date _____________________

Please submit form to Aleta You at aleta@rci.rutgers.edu or fax to 732-445-5182.