

**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.