

2222 Health Sciences Mall Vancouver, BC Canada V6T 1Z3 bme.ubc.ca

BMEG 597 Internship Completion and Grade

	ion	
Student Name:		Student Number:
Placement Detail	S	
	-	
Project Supervisor:		
Organization:		Location:
Internship Type:		
Position Title:		
Start Date:		End Date:
Site Supervisor N	lemo (if applicabl	le)
I certify that t during their p		provided by the student describes work done by the student
Site Supervisor Signat	ure:	Date:
OR email men	no from site supervi	sor attached
Recommended Grade	e (optional):	%
BMEG 597 Grade (to be completed by academic supervisor)		
BIVILO 397 GIAUE	(to be completed	by academic supervisor)
	Weight	Grade
Technical Report	Weight 70%	%
Technical Report Oral Presentation	70% 15%	% %
Oral Presentation Poster	70% 15% 10%	% %
Oral Presentation Poster Technical Brief	70% 15% 10% 5%	% % %
Oral Presentation Poster Technical Brief	70% 15% 10%	% %
Oral Presentation Poster Technical Brief	70% 15% 10% 5% BMEG 597 Mark	% % %
Oral Presentation Poster Technical Brief	70% 15% 10% 5% BMEG 597 Mark	% % % % % %

Please have your academic supervisor either forward this completed form to the program administrator (students@sbme.ubc.ca) or sign the form for you to submit