SBME **UBC**

SCHOOL OF BIOMEDICAL ENGINEERING

BMEG 597 Internship Proposal

Student Information

Student Name: _____   **Student Number**: _____

Placement Details

Project Supervisor: _____

Organization: _____   **Location**: _____

Internship Type: _____

Position Title: _____

Start Date: _____   **End Date**: _____

Proposal memo

Learning Objectives:

Project Work:

Academic Supervisor

Academic Supervisor: _____   **SBME Member**: _____

I certify that the proposed project has sufficient technical and professional content and I approve the placement

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