 **SUMMER BIOMEDICAL INTERNSHIP PROGRAM**

**REQUEST FOR STUDENT INTERN & PROJECT DESCRIPTION**

UCSF FRESNO Supervising Faculty Member:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Project Title\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Has project been approved through IRB? Yes\_\_\_\_\_\_\_\_ No\_\_\_\_\_\_ If yes, you may skip section 1 and complete sections 2/3. If not an IRB approved study, please complete sections 1, 2 and 3.

**Section 1**

Project summary:

Methodology:

Goal of study:

Pr

**Section 2**

Student Intern Responsibilities/Goals:

Any special requirements:

Pr

**Section 3**

Project worksite: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Primary phone number:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Faculty direct phone number:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Faculty email address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please list any housestaff, research assistants or staff that may work with student intern in addition to faculty mentor:

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**Application Deadline: Friday, April 1, 2022**

*Please return completed application to:*

**UCSF Fresno Dean’s Office Attn: SBI Coordinator**

**155 N. Fresno St., Fresno, CA 93701**

**Fax: 559-499-6411 or email to** [**fresno-sbi@ucsf.edu**](mailto:fresno-sbi@ucsf.edu)

**Questions: 559-499-6427**