## REQUEST TO ENROLL IN BE 596 GRADUATE INTERNSHIP

To receive credit for an internship in Biomedical Engineering you must turn in this completed form with signatures and supporting documents no later than 2 weeks before the add/drop deadline. This Request to Enroll form, the Statement of Responsibility on the next page, and internship description must be submitted through the online SEAS Force Registration website. Failure to complete these forms means you will not be enrolled in BE 596. It is your responsibility to secure your internship. Once approved by the Coordinating Instructor, the department will register you for BE 596 for the appropriate number of credit hours.

Dargan Mumbar

Name of Student.		r cis	SOII INUIIIUCI.
(Last)	(First)	(MI)	
Student Email:		Sen	nester and Year:
Number of credits you wi	sh to enroll in:		
Internship Project Infor Company Name:	mation:		
Company Address:			
Jobsite Supervisor:		Supervisor Email or	Phone:
General nature of work to	be performed during internsh	nip (check all that apply):	
Laboratory Research	Product Design/Develop	ment Research Analysis	Other
Signing this form certifies awarded per 45 hours of form and cannot be chang awarded. In addition you	s that, upon successful completed (e.g. 3 created after the drop/add deadline must complete two progress r	dits is 135 hours). The number e, additional hours worked will reports, one final report, and sul	e (1) credit hour of BE 596 will be of credits must be requested on this not result in additional credits bmit an evaluation from your jobsite
-	_	and those listed in the syllabus:	tructor for BE 596.
(Student signature)			(date)
(Supervisor signature)			(date)
(Faculty Advisor name)	(Facul	lty Advisor signature)	(date)

Submit the following items to the: <u>SEAS Force Registration website</u> for final approval:

- BE 596 Request to Enroll form
- Statement of Responsibility

Name of Students

Internship Description (as described above)

## STATEMENT OF RESPONSIBILITY

To receive credit for an internship in Biomedical Engineering must turn this completed form in by the Friday of the first week of classes or the last day of drop/add, whichever is sooner. This form must be submitted alongside the Internship Proposal. Both forms should be submitted through the SEAS Force Registration website. Failure to complete these forms means you will not be enrolled in BE 596. It is your responsibility to secure your internship.

ne of Student:			Person Number:
(Last)	(First)	(MI)	
lent Email:			Semester and Year:
I,	f the Department of Riv	omedical Engineeris	, recognize that I am a representative ng, and of the University at Buffalo. It
			ponsibility. I acknowledge and
•			at Buffalo, as well as any code of
			e my employment requires me to be in
			, I will immediately speak with both
my supervisor and the co	ordinating instructor to	resolve the issue.	
	-		um of 45 hours of work for each credit and one final paper. I understand it is
			he progress report and the final
• •	• •	-	ctations of my supervisor and complete
all assigned tasks to the f	fullest of my abilities.	_	_
(Student signature)			(date)