

**Department of Biomedical Engineering and Chemical Engineering**

 **STATEMENT OF UNDERSTANDING**

STUDENT NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ STUDENT ID: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ EMAIL: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

* I understand that the participation in the internship program requires at least part-time employment in a company conducting practical tasks relevant to chemical engineering.
* It is also understood that no more than 3 semester credit hours of BME Internship may apply to a bachelor’s degree.
* I agree to attach a signed job description on company letterhead from my employer/supervisor.
* I agree to register for BME 3033 (BME Internship), at The University of Texas at San Antonio during the work period.
* I will register and pay for all required tuition and fees required by the University and the College of Engineering in accordance with the above and with published rules and guidelines.

**My signature below attests to my acceptance of the conditions listed above and required for the internship to count as a Biomedical Engineering elective at UTSA.**

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| **Company Information**Company Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Direct Mentor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Mentor’s Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Mentor’s phone number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City/State/Zip: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Position Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Start Date: \_\_\_\_\_\_\_\_\_\_\_ End Date: \_\_\_\_\_\_\_\_\_\_\_\_ Hours / Week: \_\_\_\_\_\_\_\_\_\_ Paid Intern? Y / N\_\_\_\_ How did you find this position? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  |

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Student Signature Date

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Faculty Advisor’s Signature Date

BME 3033

Department Assigned Course

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BME Department Chair Signature Date

This form must be scanned and returned to the instructor of the course as well as to BME@utsa.edu.