

FRSC 493: Internship Contract

Personal Information:

Name _____

Student Number _____ Email _____

Internship Information:

Semester Applying for Fall _____ Spring _____ Summer _____ Year _____

Agency/Company _____ Phone Number _____

Supervisor Name _____ Email _____

Supervisor Signature _____ Date _____

Qualifications:

Cumulative GPA _____

Core Courses (Please list the 27 credit hours of forensic science core courses that you have completed):

Forensic Science Department Faculty Recommendation:

A VCU forensic science full-time faculty member must recommend you for an internship experience.

I, _____, recommend _____
(Faculty Member) (Student)

to receive academic credit for a forensic science internship. In my opinion, he/she will positively represent the Forensic Science Department at VCU via superior performance and professional conduct throughout the duration of the internship.

Faculty Signature _____ Date _____

Certification:

I certify that the statements made in these application materials are true to the best of my knowledge.

Student Signature _____ Date _____