



**Georgetown University Medical Center**  
**Master of Science in Biochemistry and Molecular Biology**

**Course Name:** Biochemistry and Cell & Molecular Biology Internship  
(Georgetown University, NIH, FDA research labs)

**Course Number:** BCHB 910

**Contact persons:** Dr. Cynthia Simbulan-Rosenthal  
[simbulac@georgetown.edu](mailto:simbulac@georgetown.edu) (202) 687-1088  
Basic Science Bldg. Rm 319

**Fall Semester -- September 1 - December 9**  
**Spring Semester -- January 2 - May 7**  
**Summer Semester -- June 1 - August 30**

**Internship Paper due last day of internship**

**Name of Student:** \_\_\_\_\_

**Semester / Year:** \_\_\_\_\_

**Address:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Telephone:** \_\_\_\_\_ **email:** \_\_\_\_\_

**Emergency Contact:**  
**Name:** \_\_\_\_\_ **Relationship:** \_\_\_\_\_  
**Telephone:** \_\_\_\_\_

## Objectives of the Internship:

**Internship Mentor:** \_\_\_\_\_

**Title:** \_\_\_\_\_

**Address:** \_\_\_\_\_

\_\_\_\_\_

**Telephone:** \_\_\_\_\_ **email:** \_\_\_\_\_

### Please check items below that are applicable for the internship:

Use of Radioactive Isotopes	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Biohazard Materials	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Handling of Confidential Info	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Safety Restrictions	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Identification Required	Yes <input type="checkbox"/>	No <input type="checkbox"/>

### APPROVED:

\_\_\_\_\_  
Internship Course Director      Date

\_\_\_\_\_  
Signature of Mentor      Date