



**McGill University
Science Internship Program
Faculty of Science**

Date: _____

I am aware that _____

will be taking ONE course of three/four credits while working full-time as an intern. The intern will be requested to make up for the lost hours.

Supervisor's Name

Supervisor's Signature

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As a student completing an internship, I understand and accept the following:

- It is my responsibility to ensure that I fulfill my role as an intern;
- The course I chose to register in will not affect the time and the quality of the work I do for my employer;
- I must successfully complete all requirements and maintain eligibility in order to have a passing mark (IP-FSCI) and/or graduate with the Internship Program Designation on my degree;
- I understand that completing a *three/four-credit course while being fully employed will be demanding and I will not ask for special accommodation from my employer or my course instructor to complete my academic work.

Student's Name

Student's Signature

Student ID#: _____

*NOTE: Summer courses are more intense compared to courses taken in the Fall/Winter terms.