

PLANT BIOLOGY AND CONSERVATION MS Internship Track PROJECT APPROVAL FORM

Name of student					
Name of supervi	sor(s).				
Supervisor title.					
Name of project.					
Name of the org	anization whe	re the intern	ushin was con	nleted	

I certify that the above-named student completed an internship of at least 240 hours. I have reviewed the project and confirm that it meets the internship project requirements.

Supervisor signature

Date

Students shall upload this form directly into their GSTS portal and notify PBC's Program Assistant.

GSTS upload: Documents>General>Upload documents>Type>Choose file>>Upload document.