SUNY Health Science Center Downstate
SGS Externship/Internship Application

◯ Internship ◯ Externship

Student: _____ Student email: _____

Major Sponsor: _____ Major Sponsor email: _____

SGS Program: ◯ MCB ◯ NBS Year in Program: _____

Externship/Internship Dates ◯ Full time/ ◯ Part time

Start Date: _____ End Date: _____

Weekly schedule (if part-time externship, schedule should include time in lab and time at externship):

Do any of the student's Major or Minor Sponsors (i.e., thesis mentor and thesis committee members) or their family members have any financial interest (e.g., equity, licensed technology, research funding, etc.) in the externship/internship organization? ◯ Yes ◯ No

Externship/Internship Organization:

Externship/Internship Organization Address:

Externship/Internship Organization Contact Person (name, email, phone):

Externship/internship purpose and training benefit:

Financial details (include any required modification to SGS stipend):

Other comments:

Student Signature: _____ Date: _____

Major Sponsor Signature: _____ Date: _____

Program Director Approval: _____ Date: _____

Dean Approval: _____ Date: _____

Revised 9/15/26