



BU's BEST EXPERIENCE

Name of Participant: _____
(LAST), (FIRST)

Name of Principal Investigator: _____
(LAST), (FIRST)

Department: _____

Trainee Classification: _____
(e.g. doctoral student, postdoc fellow, postdoc assistant researcher, etc.)

Funding Source: _____
(e.g. federal grant, training grant, private foundation, etc.)

Name & Address of Internship site: _____

Internship Hours per Week: _____

When will internship hours be conducted: _____
(e.g. evenings, weekends, weekdays)

Anticipated Start/End Date: _____
(MM/DD/YYYY)

For P.I.:

I understand that the participant identified above will participate in BU's BEST Experience, which may include spending time at internship site. I have discussed with the participant any concerns I have about the impact that the internship will have in the Participant's productivity in the laboratory. The applicant has answered my concerns regarding work hours and productivity and we have agreed on a set of goals and expectations for the work in the laboratory during the internship. I consent to _____ participating in this experience.
(NAME of PARTICIPANT)

Principal Investigator Signature

For Trainee:

I understand that it is my responsibility to keep the agreement that I have with my PI on goals and expectations in the laboratory during the internship. It is my responsibility to be forth coming and provide complete information on my whereabouts if I am using work hours to complete my internship. I am also expected to fulfill my duties and responsibilities in the internship site as described.

Participant Signature