Internship Proposal

Biomedical Engineering Industry Internship

The purpose of the internship is to practice and develop 6 *Professional Competencies* which are essential for industry professionals. The competencies may be viewed at the following link: <https://bme.research.mcgill.ca/BMDE-657/professional_competencies2.htm>. This proposal describes the host company (Internship Site) and the work the student will undertake.

# Internship Site

|  |  |
| --- | --- |
| Name of Host Organization |  |
| Address |  |
| Website |  |

# Student Information

|  |  |
| --- | --- |
| Name (Last/First name) |  |
| Student ID |  |
| Contact email address |  |
| Telephone |  |

# PART 1: Overview of the Host Organization (Internship Site)

Brief description of the host organization.

|  |
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| *What does the company do?*  *What are its operations in medical technology / devices?* |

# Part 2: Internship Proposal

Briefly describe the intern’s main duties and list clear overall objectives. Bullet points acceptable.

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| *What was in the original job posting and/or discussed in the interview?*  *What is the product / technology of focus? (while respecting confidential information)*  *What is the work setting? (lab, office, virtual)* |

# Signatures

By signing below, all parties agree to the above details. Please execute signatures in the order listed.

## Course Instructor

|  |  |
| --- | --- |
| Name | Ross Wagner |
| Institution | McGill University |
| Contact email address | bmde657.bme@mcgill.ca |
| Signature executed on date (YYYY-MM-DD) |  |
| Signature |  |

## Academic Supervisor

|  |  |
| --- | --- |
| Name |  |
| Contact email address |  |
| Institution | McGill University |
| Signature executed on date (YYYY-MM-DD) |  |
| Signature |  |

## Field Supervisor

|  |  |
| --- | --- |
| Name |  |
| Host company |  |
| Contact email address |  |
| Telephone |  |
| Signature executed on date (YYYY-MM-DD) |  |
| Signature |  |

## Student

|  |  |
| --- | --- |
| Name |  |
| Institution | McGill University |
| Signature executed on date (YYYY-MM-DD) |  |
| Signature |  |