

PROPOSAL FORM

ARS SUMMER RESEARCH INTERNSHIP PROGRAM

Center for Medical, Agricultural, and Veterinary

Entomology

P. O. Box 14565, Gainesville, FL 32604

Research Scientist Submitting Proposal:

Telephone No/Rm No.: _____

Duration of Program is Eight Weeks

A. Beginning Date: _____ Ending Date: _____

B. Work Assignment: (Include duties and responsibilities of intern, field trips, meetings, etc.)

(Signature and Date)

Concur: _____
(Research Leader Signature and Date)