

**Industrial Practicum
Reimbursement Request Form
University of South Florida
Department of Physics**

Student Name:	USF ID #: U	Date:
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Industry/National Lab (Name/Location):	
Name of Mentor/ Contact at Industry/National Lab:	
Approximate dates at Industry/National Lab Location:	

<u>Applied Research to be conducted at Industry/National Lab:</u>	

<u>Associated Applied Research at USF (if any):</u>	

<u>Funds Required:</u> (Estimate of hotel/travel/meals)	

Major Professor Name (<i>print</i>):		
Major Professor Signature:		Date
Graduate Director or Chair (<i>print</i>):		
Signature		Date