**NCBiotech Industrial Internship Program 2020 - Final Report**

This form should be completed by the intern at the conclusion of the IIP sponsored project. Please review the completed report with your intern and be sure that you and the intern have both signed the form prior to returning it to the NC Biotechnology Center.

Final payment of your IIP grant will not be processed until we receive your final report.

**Company**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Supervisor**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Intern: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Scope of Work for the IIP Intern**

Activities undertaken by the intern would include:

Project start date: ­­­­\_\_\_ Project end date:

Total number of hours the intern spent working on the project:

Please describe the activities you worked on during your internship. What was the outcome of your work in terms of projects completed and milestones achieved?

Intern signature: Supervisor signature:

 Date: Date: