

**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