



PhD Internship Experience Approval Form

Student: _____

BUID#: _____

Paid or Unpaid (Y/N): _____

Health Insurance Covered by Company (Y/N): _____

Internship Start Date: _____

Internship End Date: _____

Summary of Internship Responsibilities and Objectives as Related to Research or Career Development:

Student's Signature and Date

Research Advisor's Signature and Date

Course Registration (please check)

- MS 810 A1 – Full Time, 4 credits
- MS 810 A1 – Part Time, 2 credits

Approved: _____
Associate Division Head for Graduate Programs

Date: _____

PLEASE ATTACH OFFICIAL INTERNSHIP OFFER LETTER