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)

☐ BE 810 A1 – Full Time, 4 credits
☐ BE 811 A1 – Part Time, 2 credits

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Approved: ___________________________________________ Date: ____________

Kamal Sen, Associate Chair for Graduate Programs

PLEASE ATTACH OFFICIAL INTERNSHIP OFFER LETTER