



## 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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Department Approval: \_\_\_\_\_

Darren Roblyer, Associate Chair for Graduate Programs

**PLEASE ATTACH OFFICIAL INTERNSHIP OFFER LETTER**