Baylor <sup>College of</sup> Medicine	Internship Request				
GRADUATE SCHOOL of Monteform School	This form is submitted to the Graduate School, Room N204.				
Student Name: Graduate	BCM ID #:				
Program:	Date:				

US Citizen/	Part Time → Complete the info below
Permanent Resident	Full-time: <b>STOP</b> • Complete LOA Form
International Student	F-1 Visa: <b>STOP</b> • Complete CPT Form

Internship Information							
Internship Company Name:			1				
Internship Supervisor Name:		Title:					
Address Line 1:							
Address Line 2:		1					
Telephone:	I	Email Address:					
Start Date:	End Date:			Hours per Week:			

NOTE: maximum duration is 6 months; form must be renewed/re-approved if continuing past 6 months. Limited to <25% effort (e.g. <10hrs/wk)

Advisor: Please provide expectation while student is on part-time internship (i.e. lab meetings, seminar, hrs in lab per wk)

Program Approval							
	Printed Name	<u>Signature</u>	<u>Date</u>				
Student:							
Major Advisor:							
Program Director:							

Certification of Eligibility-Student must be admitted to candidacy and in good academic standing.

Admission to candidacy date: \_\_\_\_\_ Current Academic Standing: \_\_\_\_\_

GSBS Authorized Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Signature

Date

MD/PhD?

All other Visas: **STOP** • Contact I.S.O.

□Yes □No

## **GSBS** Approval

Dean, Graduate School of Biomedical Sciences: