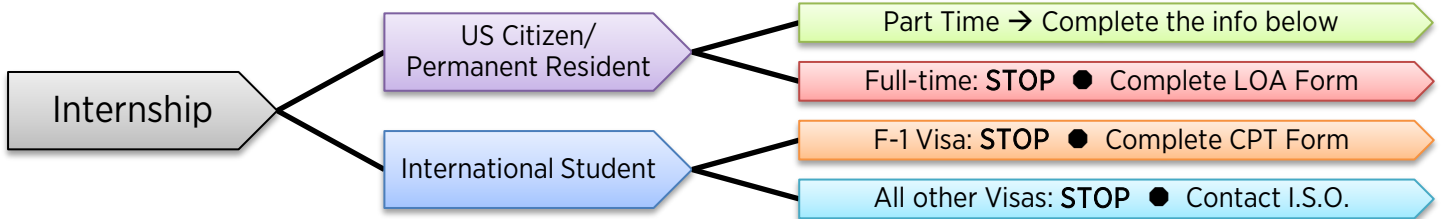


Internship Request

This form is submitted to the Graduate School, Room N204.

Student Name: _____ BCM ID #: _____
 Graduate Program: _____ Date: _____ MD/PhD? Yes No



Internship Information		
Internship Company Name: _____		
Internship Supervisor Name: _____		Title: _____
Address Line 1: _____		
Address Line 2: _____		
Telephone: _____		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			
	<u>Printed Name</u>	<u>Signature</u>	<u>Date</u>
Student:			
Major Advisor:			
Program Director:			

Certification of Eligibility- <i>Student must be admitted to candidacy and in good academic standing.</i>	
Admission to candidacy date: _____	Current Academic Standing: _____
GSBS Authorized Signature: _____	Date: _____

GSBS Approval		
Dean, Graduate School of Biomedical Sciences:		
	<i>Signature</i>	<i>Date</i>