Integrated University Program

U.S. Department of Energy

FELLOWSHIP INTERNSHIP APPROVAL FORM

Student Information	
Name:	**University:**
Phone:	**Email:**

Internship Details		
Company:		**Location:**
Name/Title of Internship Supervisor:		
Phone:	**Start Date:**	**Duration:**

Internship is: ☐ Full-Time ☐ Part-Time

***Attach a description of the work to be conducted during this internship, as well as your primary responsibilities/duties.**

☐ I certify that this internship is directly related to the conduct of the Integrated University Program.

Student _____ _____ _____
Printed Name Signature Date

Advisor _____ _____ _____
Printed Name Signature Date

For Integration Office Use Only	
IO Signature: _____	**Date**: _____

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