

2024 FELLOWSHIP INTERNSHIP APPROVAL FORM

Fellow Information				
Name: U		Jniversity:		
Award Year: Phone:		Em	Email:	
Advisor/Title:				
Internship Details				
Company:		Location:		
Name/Title of Internship Supervisor:				
Supervisor Phone:				
Supervisor Email:		Start Date:		Duration:
**A description of the work to be conducted during this internship, as well as my primary responsibilities/duties, is attached.				
Internship is: Full-Time Part-Time I certify that this internship is directly related to the conduct of the Integrated University Program. I am relocating for this internship and qualify for the \$7,000 travel/housing allowance. Student				
Printed Name		Signature		Date
AdvisorPrinted Name		Signature		Date
For Office Use Only				
IO Signature:			Date:	

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